

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Robert Anderson

CERTIFICATE OF DEATH

MARYLAND

Died at Herenton

County Washington

Date of death 1909

Month 7

Day 9

Age 79 Years

Months 4

Days 7

Sex Male

Color or Race

African

Birth-place

Stanisva. Va

Occupation

Brick-layer

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Caroline Anderson

Father's Name

Finian Anderson

Father's Birthplace

Va

Mother's Maiden Name

McKasova

Mother's Birthplace

Name of person giving  
Information

Peter. Harris

How related  
to deceased

Son in Law

CAUSES OF DEATH

Primary

Anasarcos

177

X  
3 years

Immediate

11

How long

Are the name, age, sex, color, date  
and place correctly given above?

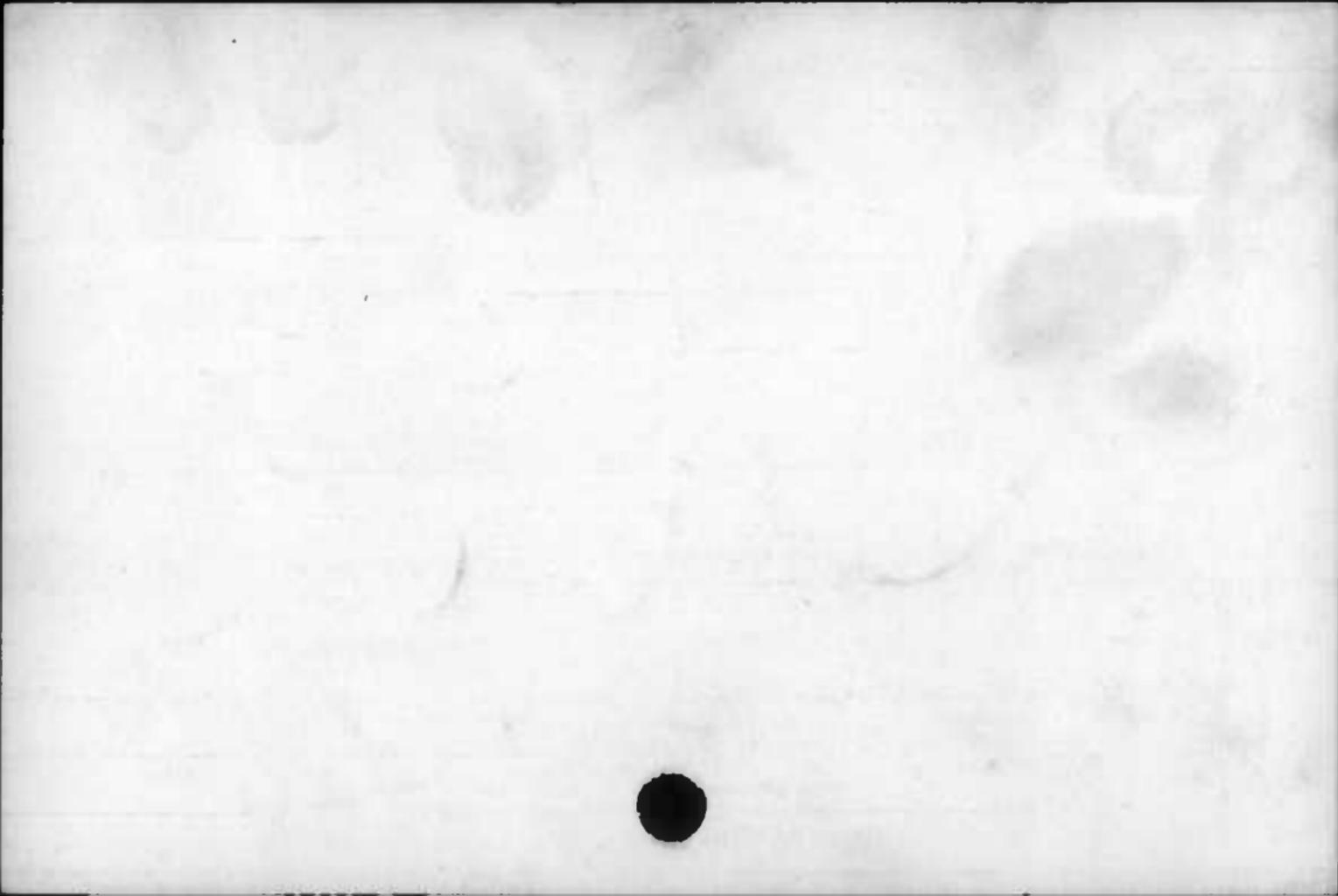
yes

Signature of  
Physician

Address

J. J. Younce,  
Browns Mills  
Md

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

CERTIFICATE OF DEATH						
Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1909	July	8	27	8	4	
Sex	Female	Color or Race	W	Birth-place	Franklin Co Pa	
Occupation	Housekeeper	Where Residing if not at place of death			State Line	
Married, Single or Widowed	Married	Name of Wife or Husband	Abram Baer			
Father's Name	Peter Shank			Father's Birthplace	Wash Co Md	
Mother's Maiden Name	Martha Grove			Mother's Birthplace	Franklin Co Pa	
Name of person giving information	Abram Baer			How related to deceased	Husband	

CAUSES OF DEATH

Primary Toxaemia of Gestation -  
Immediate Sudden Heart Failure

140

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

S. C. R. Miller

Address

1825 Madison Tudor  
Pa

Accident or Suicide?

No

A.R. Brewster

Name  
in  
Full

Anna Mildred Barlup

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Mt Union Town Wash County MARYLAND  
Date of death 1909 Month 7 Day 28 Year — Month 2 Day 3  
Sex Female Color or Race white Birthplace Md.  
Occupation — Where Residing if not at place of death —  
Married, Single or Widowed single Name of Wife or Husband —  
Father's Name P. Keller Barlup Father's Birthplace Md.  
Mother's Maiden Name Sophia Georgill Mother's Birthplace Ohio  
Name of person giving Information P. K. Barlup How related to deceased Father

CAUSES OF DEATH

151

How long

Primary

Concurrent birth

How long

Immediate

General debility

63 days

Are the name, age, sex, color, date and place correctly given above?

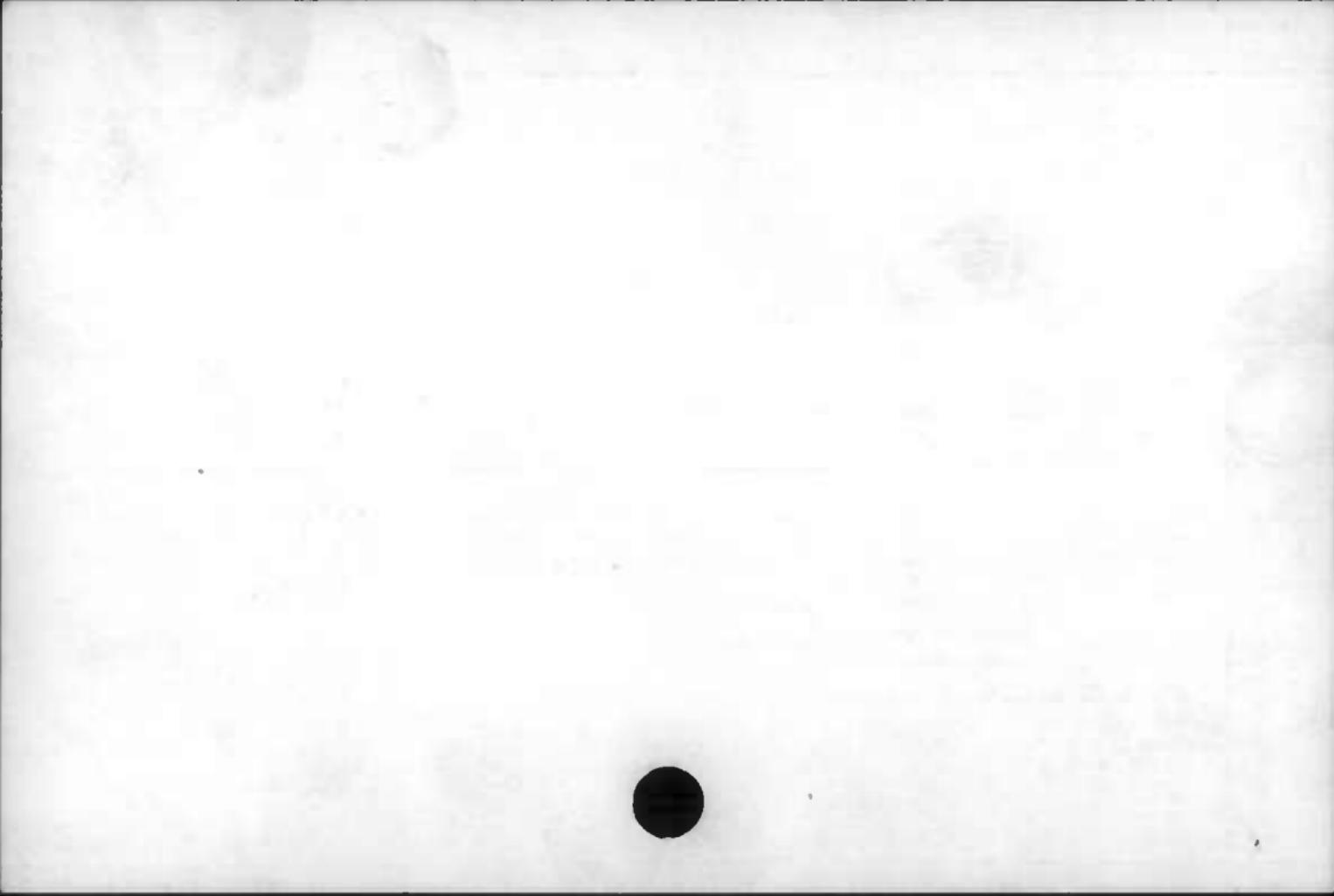
Signature of Physician

Address

J. H. Wishard  
Leitersburg  
Md.

PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

Mrs. Lucinda Barnes

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at Hagerstown Wash. MARYLAND

Town	County
Month	Day
Date of death 1909	Age 68
Sex Female	Color or Race white
Occupation H. W.	Where Residing if not at place of death
Married, Single or Widowed widow	Name of Wife or Husband George W. Barnes
Father's Name Ezra Munson	Father's Birthplace Va
Mother's Maiden Name Levina Markwood	Mother's Birthplace ..
Name of person giving Information Mrs Meta Sterling	How related to deceased daughter

CAUSES OF DEATH

Primary

Endo conditis Nephritis

79

How long

Immediate

X

10 years

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

John D. Miller  
Hagerstown, Md.

Accident or Suicide

W

C. M. Sutin & Sons

Name  
in  
Full

John C Bell

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Own County  
Died at Hagerstown Washington MARYLAND

Date of death 190 Month Day Years Months Days  
190 July 20 - -

Sex Male Color or Race Colored Birth-place Md

Occupation Cook Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Annie Whitney

Father's Name Arthur Taylor Father's Birthplace Md

Mother's Maiden Name Ann Bell Mother's Birthplace Md

Name of person giving Information Annie Bell How related to deceased Wife

CAUSES OF DEATH

112

Primary

Cirrhosis of Liver about 1 year

Immediate

Exhaustion 5 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

yes

A. B. Wilson

Address

243 N. Jonathan St  
Hagerstown Md.

PHYSICIAN  
OR CORONER

Accident or Suicide

no

AK. Soprano  
Rose Hall

Name  
in  
Full

Alice G. Bender

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	Washington	County	MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Age	Birth-place	Sharpesburg
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Webster, Bender				
Mother's Maiden Name	Myrtle Hebb				
Name of person giving Information	Webster Bender				

CAUSES OF DEATH

179

Primary

Malnutrition

How long

About a month

Immediate

Diarrhea

How long

1 week

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

E. L. Gandy

Shambles, Md.

Accident or Suicide?

Chas. S. Wade  
undertaker

Name  
in  
Full

Jacob Charles Bett

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Sprechers Mill		County	Maryland	
Date of death	Month	Day	Years	Month	Day
Sex	Male	Color or Race	Age		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	John J. Bett				
Mother's Maiden Name	Lucretia Maryland				
Name of person giving Information	Jacob J. Bett				

CAUSES OF DEATH

Primary

Nutrition

151

How long

Two Two

Immediate

Prostration

How long

Short time

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Address

W. Richards  
Williamsport

PHYSICIAN  
OR CORONER

Accident or Suicide

No.

July 10-1909

Entered in Riverview Cemetery

J. F. Kribs

Undertaker

CD

Name  
in  
Full

Still born child of Walter & Minnie Bolz.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Hagerstown  
Town County  
Date of death 1909 Month Day Years Months Days  
1909 7 13 — —  
Sex male Color or Race white Birth-place Md.  
Occupation — Where Residing if not at place of death  
Married, Single or Widowed single Name of Wife or Husband —  
Father's Name Walter W. Bolz Father's Birthplace Germany  
Mother's Maiden Name Minnie Palmer Mother's Birthplace Maryland  
Name of person giving Information W. W. Bolz How related to deceased Father.

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Difficult Labor -

8

How long

Immediate

✓

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

W. W. Bolz  
Hagerstown  
Md

C. M. Luter & Sons

Name  
in  
Full

Susan S Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	County	MARYLAND			
Died at	Hagerstown	Washington			
Date of death	Month 1909 July	Day 18	Years 31	Months -	Days -
Sex	Female	Color or Race	Colored	Birth-place	md
Occupation	House work	Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Leroy Brown	Father's Birthplace	md
Father's Name	Moses Surely		md		
Mother's Maiden Name	Lucille Leslie		md		
Name of person giving Information	Leroy Brown		How related to deceased.	Husband	
CAUSES OF DEATH					
Primary	acute miliary Tuber - <sup>culosis</sup>		How long	3 weeks	
Immediate	cardiac failure		How long	5 or 6 hours	
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	A. B. Wilson, M.D.	
yes			Address	243 N. Jonathan St Hagerstown Md.	
no.					
Accident or Suicide					

PHYSICIAN  
OR CORONER

H.K. Brown  
~~rose book~~

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Geo. W. Carbaugh

CERTIFICATE OF DEATH

Town

County

Died at Hagerstown Washington

MARYLAND

Month

Day

Years

Month

Days

Date  
of death 190

7

20

46

9

28

Age

Sex

Color or  
Race

Birth-  
place

Male

White

Pa

Occupation

Carpenter

Where Residing if not  
at place of death

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Jda Bloyer

Father's  
Name

Daniel Carbaugh

Father's  
Birthplace

Pa

Mother's  
Maiden Name

Susan Fry

Mother's  
Birthplace

Pa

Name of person giving  
Information

Jda Bloyer

How related  
to deceased

Spouse

CAUSES OF DEATH

Primary

Asthma superinduced by overeating

How long

1 yr.

Immediate

Acute dilation of heart

How long

2 hrs.

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

F. M. Hoffmeyer

Address

1749 Washington St  
Hagerstown Md

Accident or Suicide

S. M. Watkins.  
Broadfording.

Name  
in  
Full

Fredick Paull Clark

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County		MARYLAND	
of death 1909	Month	Day	Years	Months	Days	
Sex	Male		Color or Race	White		Birth-place
Occupation	Where Residing if not at place of death					
Married, Single <del>Widowed</del>	Name of Wife or Husband					
Father's Name	Charles Clark		Father's Birthplace	Franklin Co. Pa.		
Mother's Maiden Name	Louise Roof		Mother's Birthplace	Franklin Co. Pa.		
Name of person giving information	Charles Clark		How related to deceased	Father		

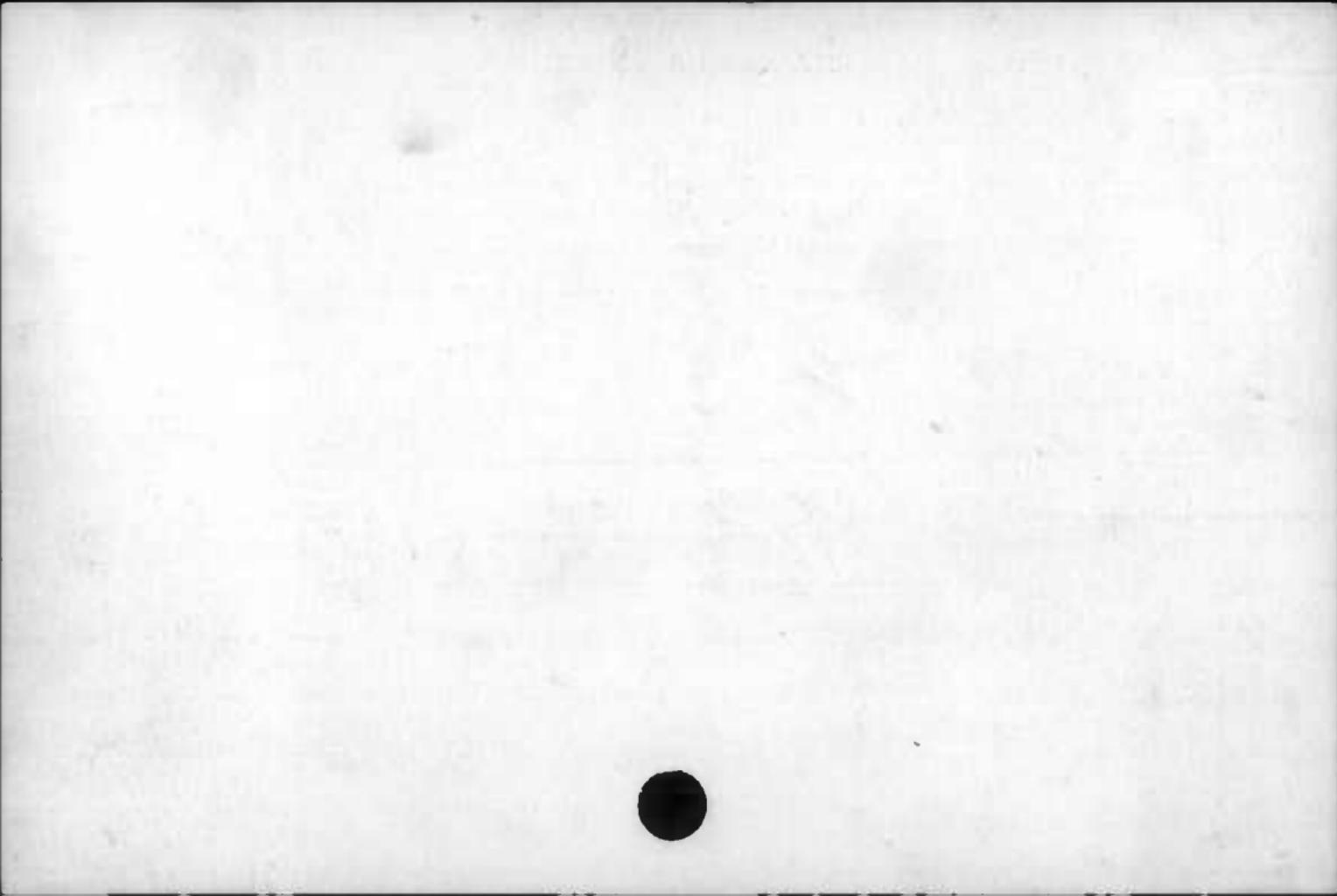
CAUSES OF DEATH

105

X

PHYSICIAN  
OR CORONER

Primary	Enteritis		How long	2 weeks
Immediate	Inanition		How long	3 days.
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	Dr. F. S. Newcomer
			Address	Frankstown, Md.
Accident or Suicide?				



Name  
in  
Full

Clyde Wm Crawford

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death		Month	Day	Years	Months	Days
Sex	Male	Color or Race	White	Birth-place	Md	
Occupation		Where Residing if not at place of death				
Married, Single or Widowed		Name of Wife or Husband				
Father's Name		John Wesley Crawford	Father's Birthplace		W. Va	
Mother's Maiden Name		Blanch Eden Miller	Mother's Birthplace		North Mountain	
Name of person giving information		J. W. Crawford	How related to deceased		Kemp Mill	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Deformed Chest

150

X

How long

6<sup>th</sup> house

Immediate Prostration

How long

" "

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

W. S. Crawford  
Wilmington, Md

Accident or Suicide?

No

August 1<sup>st</sup> 1919.

Interment by J. F. Kreps, Undertaker  
in Riverview Cemetery  
Williamsport, Md.

Name  
in  
Full

Emma Cutshaw

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
1909	July	4	25			
Sex	Color or Race	Birth-place				
Female	White	Pa				
Occupation	Where Residing if not at place of death					
Housewife	Indian Springs					
Married, Single or Widowed	Name of Wife or Husband					
Married	David Cutshaw, Jr.					
Father's Name	Father's Birthplace					
John Cutshaw	not known					
Mother's Maiden Name	Mother's Birthplace					
Anna	Pa					
Name of person giving information	How related to deceased					
David Cutshaw, Jr.	Son					

CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary

old age

How long

X

Immediate

neglect

How long

Are the name, age, sex, color, date and place correctly given above?

yes

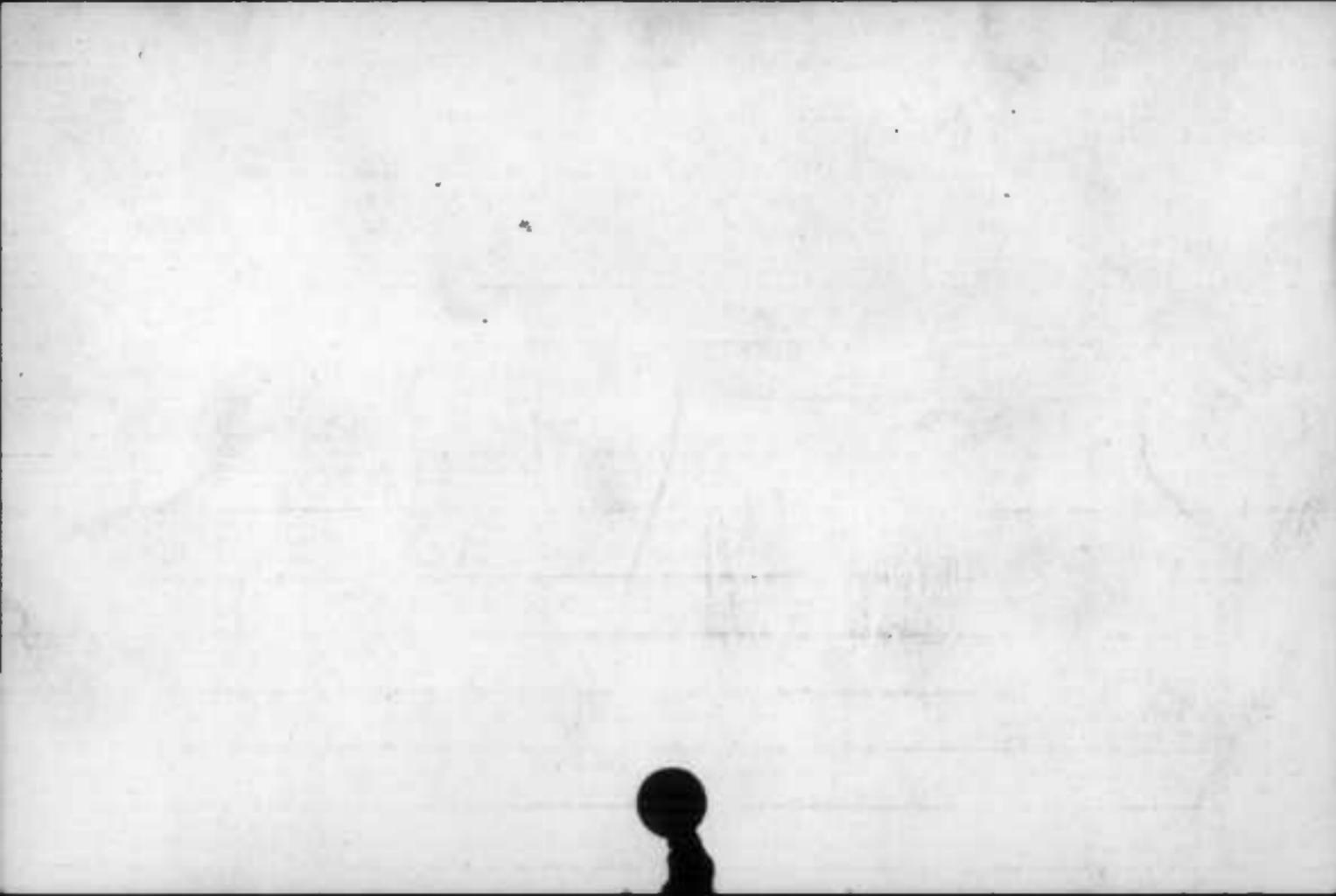
Signature of Physician

Address

home

Accident or Suicide?

J. Harry Moore, Jr.



Name  
in  
Full

Lulu Lorraine Cross

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <b>Two Loclis</b> Town		<b>Washington</b> County		MARYLAND	
Date of death <b>1909</b>	Mont. <b>July</b>	Day <b>10<sup>th</sup></b>	Years	Months <b>4</b>	Days <b>18</b>
Sex <b>Female</b>	Color or Race <b>White</b>	Birth-place <b>Washington Co. Md.</b>			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name <b>Summerfield Cross</b>	Father's Birthplace <b>London Co. Va.</b>				
Mother's Maiden Name <b>Mary Catherine Pigeon</b>	Mother's Birthplace <b>Fred. Co. Md.</b>				
Name of person giving Information <b>Summerfield Cross</b>	How related to deceased <b>Father</b>				

CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary

*Malnutrition*

How long

*Four months*

Immediate

Are the name, age, sex, color, date and place correctly given above?

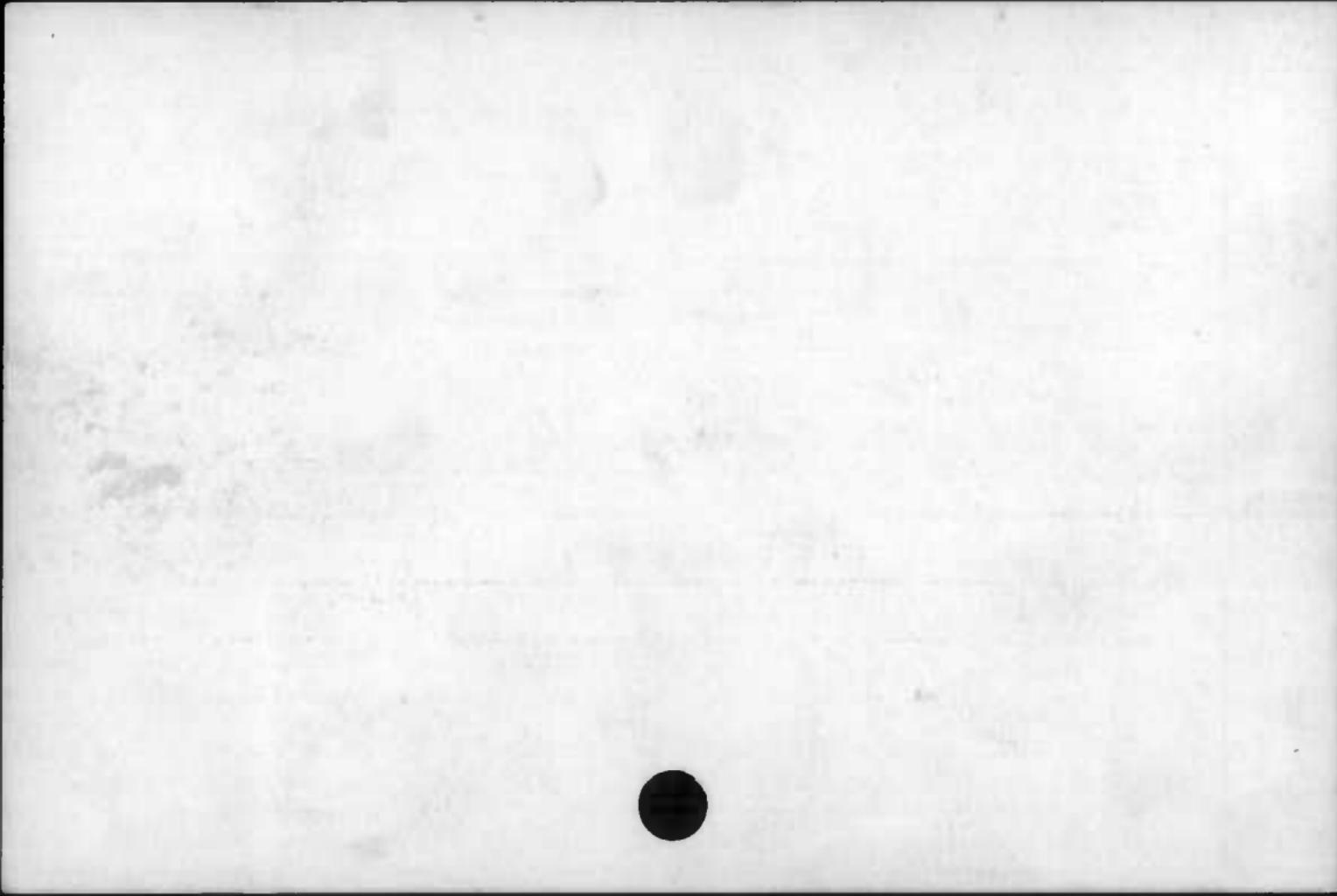
*Yes*

Signature of Physician

Address

*J. P. Rodgers  
Bayless Ferry  
W. Va.*

Accident or Suicide?



Name  
in  
Full

Annie Irene Davis

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

I

Died at	Town		County		MARYLAND	
Died at	Baltimore		Washington			
Date of death	1909	Month	July	Day	18	Years
Sex	Female		Age	1	Months	—
Occupation	Baby		Color or Race	white	Birth-place	md
Married, Single or Widowed	Single		Where Residing if not at place of death			
Father's Name	Alva A. Davis		Father's Birthplace			
Mother's Maiden Name	Milcah Grimes		Mother's Birthplace			
Name of person giving information	Mrs. A. A. Davis		How related to deceased			

CAUSES OF DEATH

Primary

cholera coletis

105

X

How long

4 weeks

Immediate

cholera infantum

How long

18 hrs

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

W.M. Reichard  
Fairplay

Accident or Suicide?



Name  
in  
Full

Forsby J. Davis

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Boonsboro		County	Wash.	
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	Age	71	
Occupation	Retired				
Where Residing if not at place of death	Boonsboro				
Married, Single or Widowad	Married	Name of Wife or Husband	Harriet Brantner		
Father's Name	Elias Davis				
Mother's Maiden Name	Annetia Sebert				
Name of person giving Information	Dr. S. S. Davis				

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary

Paralysis

66

X

How long

34 years.

Immediate

Gen. Debility

How long

1 year

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of  
Physician

Address

S. S. Davis

Boonsboro

Md

Accident or Suicide

Brining & Baet  
Yudie Katten

Name  
In  
Full

James Thomas Draper

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Clear Spring, Md. Town County MARYLAND

Date of death	1909	Month	July	Day	10	Years	56	Months	8	Deys	24
Sex	Male	Color or Race	White	Birth-place	Ind						
Occupation	Distiller & Farmer										
Where Residing if not at place of death											
Married, Single or Widowed	Mary Martin										
Father's Name	James Draper Ind										
Mother's Maiden Name	Maria Zimmerman										
Name of person giving Information	Mrs Binkley Daughter										

CAUSES OF DEATH

Primary

Paralysis

66

long

Five years

Immediate

Exhaustion.

How long

3 months

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Theo Coase,  
Clear Spring, Md.

PHYSICIAN  
OR CORONER

Accident or Suicide

✓



Name  
In  
Full

Viola Fayette

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Female	Color or Race	Age	Birth-place	Round Top	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	Erastus Fayette				
Father's Name	Erastus Fayette					Father's Birthplace Maryland
Mother's Maiden Name	Bertha Barnhard					Mother's Birthplace Dta
Name of person giving information	Joseph Fayette					How related to deceased Grandfather

CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary

Colonitis

How long

1 week

Immediate

Septic Infection

How long

3 d. 13

Are the name, age, sex, color, date and place correctly given above?

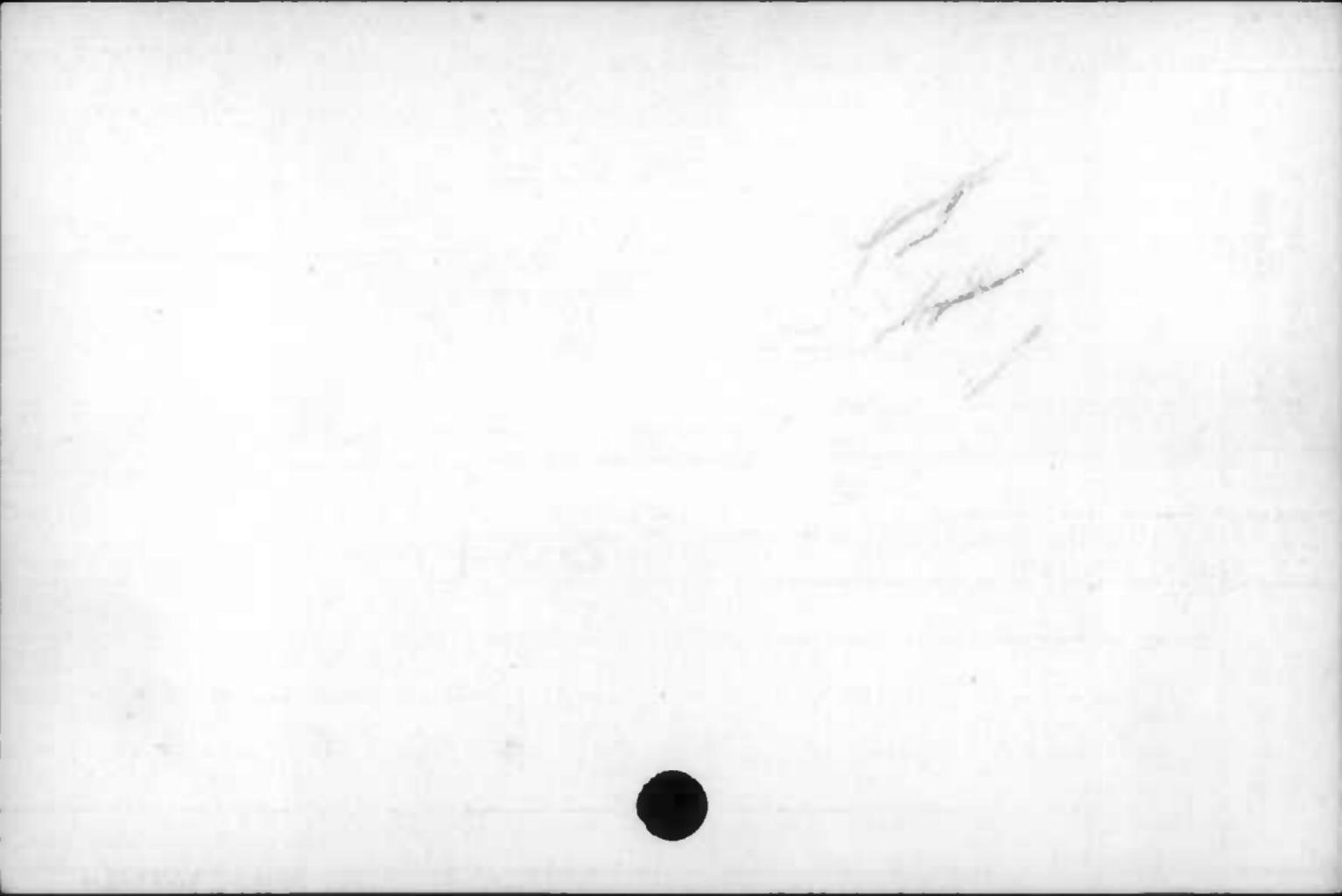
Signature of Physician

Address

H. O. Tabber

Hancock

Accident or Suicide?



Name  
in  
Full

Harry Flood

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at Near Merserville County Washington MARYLAND  
Date of death 1909 Month 7 Day 11 Years 25 Months  Days   
Sex Male Color or Race White Birth-place Jeff. Co. W. Va.  
Occupation Labourer Where Residing if not Jeff. Co. W. Va.  
at place of death  
Married, Single or Widowed Single Name of Wife or Husband —  
Father's Name Mr. H. Flood Father's Birthplace W. Va.  
Mother's Maiden Name Miss Athey Mother's Birthplace W. Va.  
Name of person giving Information J. H. Gardiner How related to deceased None

CAUSES OF DEATH

172

Primary

Drowning

How long

Immediate

Drowning

—

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. H. Gardiner  
Charleston W. Va.

Accident  Suicide

PHYSICIAN  
OR CORONER

G. H. Ferrell  
undertaker

**Name  
in  
Full**

Laura <sup>TOWN</sup> Fohner

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		town	County		MARYLAND	
Big Pine			Washington			
Date of death	1909	Montgomery	Day	Age	Months	Days
July			28	37	6	5
Sex	Female	Color or Race	white		Birth-place	Pine

Where Residing if not  
at place of death

~~Married, Single  
or Widowed~~

Name of Wife or  
Husband

W. S. Fohrer

Father's  
Name

Wm. R. Dugan

## Father's Birthplace

## Mothar's Maiden Nama

Martha Ann. Malott

## Mothar's Birthplace

Name of person giving  
Information

Wm R. Dugan

## How related to deceitful?

#### CAUSES OF DEATH

PHYSICIAN  
OR CORONER

## Primary

## Consumption

### Immediate

Are the name, age, aex, color, date and placca correctly given above?

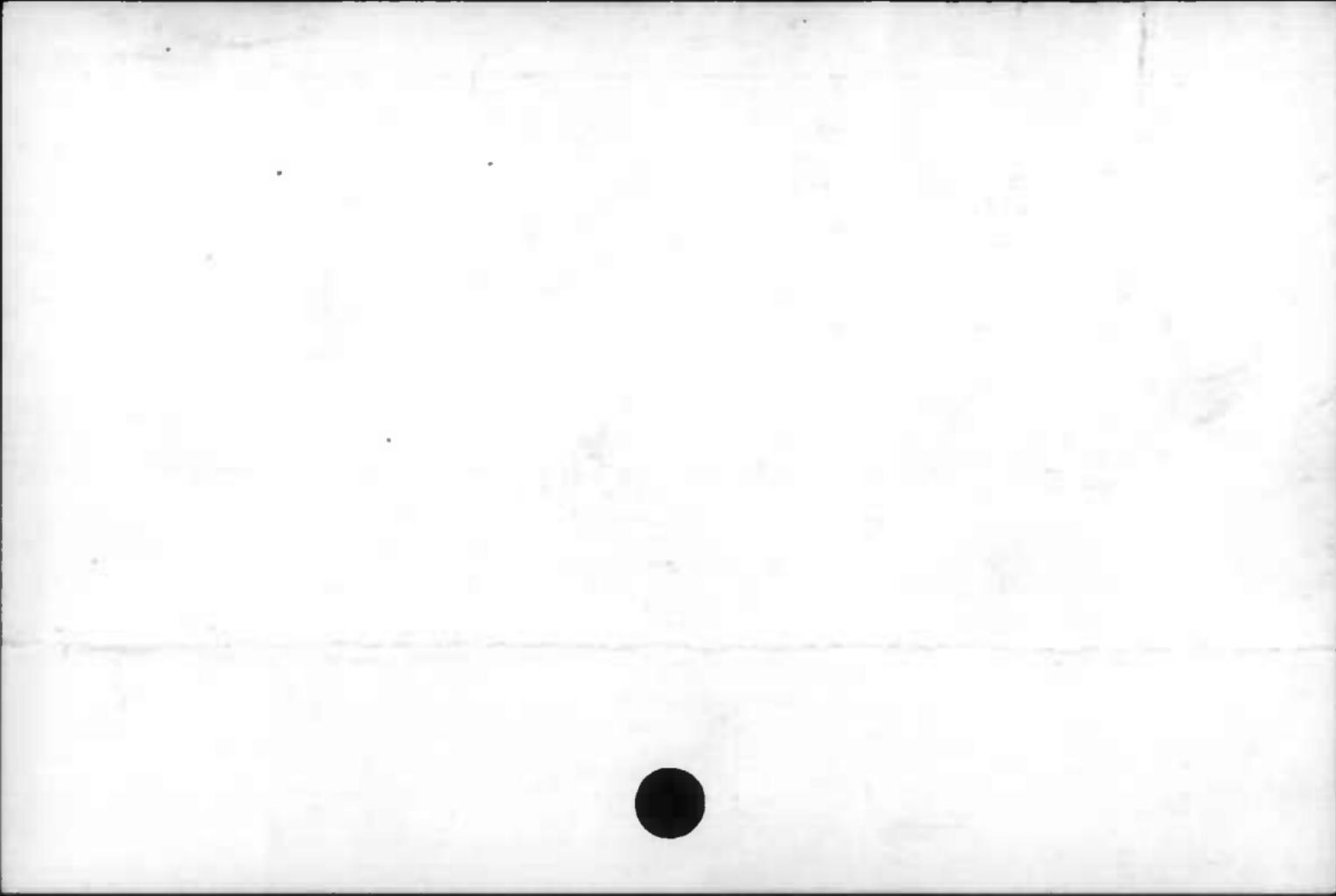
yes

Signature of  
Physician

### Address:

G. W. Fisher

### Accident or Suicide



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

John Robert Gerald				CERTIFICATE OF DEATH		
Died at Hagerstown		County Washington		MARYLAND		
Date of death 1909	Month July	Day 20	Age 70	Years	Months 3 Weeks	Days 6
Sex Male	Color or Race Colored	Birth-place 157 B. B. Hall St Hagerstown				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name Harry Gerald	Father's Birthplace New York					
Mother's Maiden Name Scotia Pye	Mother's Birthplace Hagerstown					
Name of person giving information John Gerald	How related to deceased Mother					
CAUSES OF DEATH						
Primary	151 X					
Immediate	3 months 3 weeks					
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician A. B. Wilson					
	Address 243-7 Jonathan St Hagerstown Md.					
Accident or Suicide?	no.					

the ~~old~~ <sup>new</sup> Englander

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Albert Green

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	1909	Month	Day	Years	Months	Days
Sex	Male	Color or Race	Age 25			
Occupation	Where Residing if not at place of death				Harper's Ferry W. Va.	
Married, Single or Widowed	single	Name of Wife or Husband				
Father's Name	Samuel Green				Father's Birthplace	Do not know
Mother's Maiden Name	Dorit Kewer				Mother's Birthplace	Do not know
Name of person giving information	Charles S. Bell				How related to deceased	son

CAUSES OF DEATH

Primary

Killed on W. M. R. R. accidentally

166

How long

immediate

Railroad accident

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Frank Hoffmann Jr

Acting Doctor

Harper's Ferry

Yes

Accident or Suicide?

Accident

May 1909

SK. Coffman

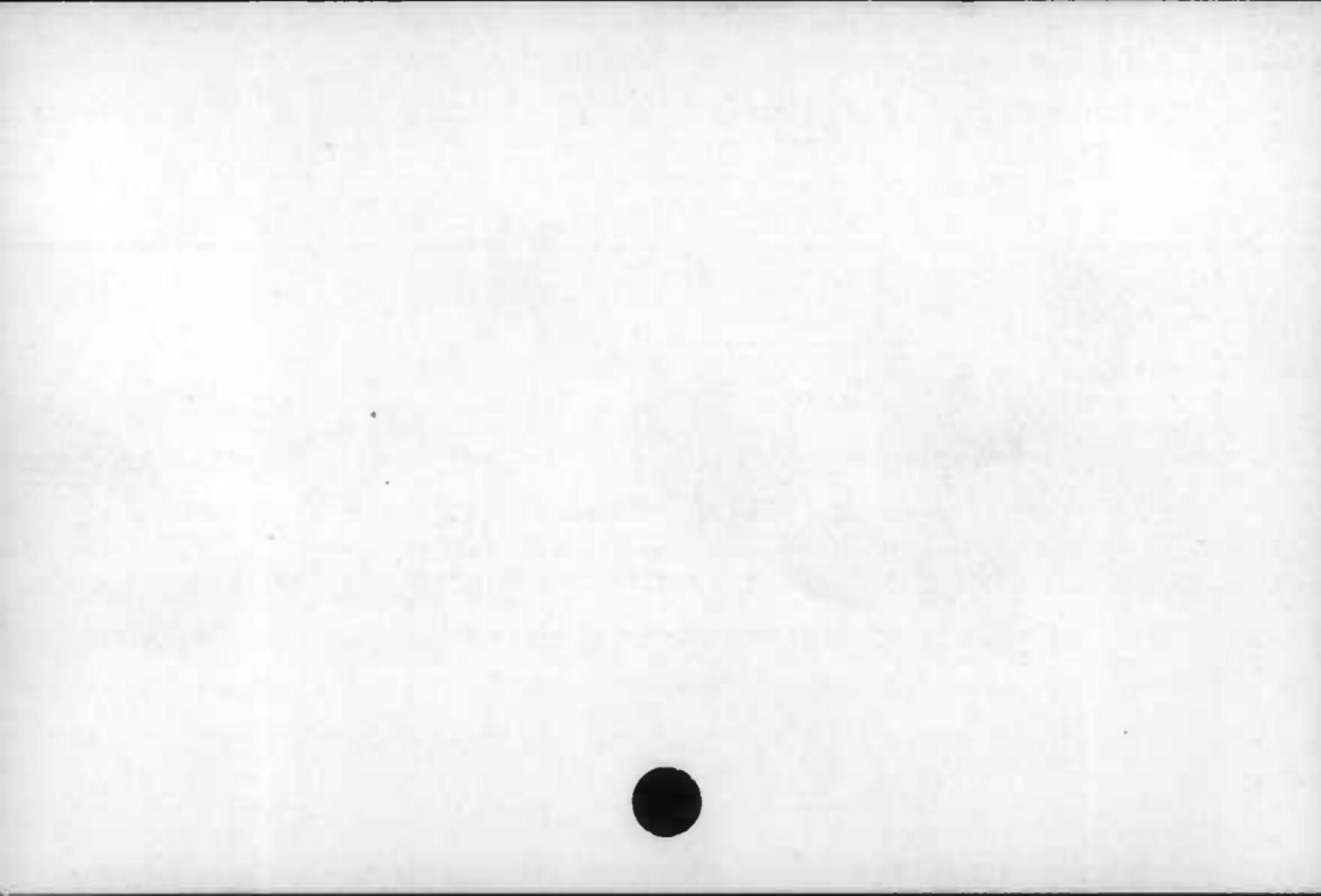
Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

<b>Kenny Harvey</b>				MARYLAND			
Died at		Town	County	Month		Day	Years
Date of death	1909	July	22	Age	57	Months	18
Sex	Male	Color or Race	White	Birth-place	Md	Days	
Occupation	Farmer			Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			Father's Birthplace			
Father's Name	Andrew Harvey			Germany			
Mother's Maiden Name	Rebecca Miller			Mother's Birthplace			
Name of person giving information	Mary Harvey			How related to deceased			
CAUSES OF DEATH				14			
Primary	Dysentery			How long			
Immediate	Exhaustion			8 1/2			
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician			
Yes				Address			
Accident or Suicide?				Geo. Boose Clear Spring, Md.			



Name  
in  
Full

Adam Doral Hawbecker

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Williamsport

Month

Day

Years

Months

Days

Date of death 1909 July 21

Age 1

7

21

Sex Male Color or Race white

Birth-place Williamsport

Occupation None

Where Residing if not  
at place of death

Married, Single or Widowed None Name of Wife or Husband None

Father's Name Adam Hawbecker

Father's Birthplace Broadfording

Mother's Maiden Name Emma Neff

Mother's Birthplace Franklins. Pa.

Name of person giving Information Emma Neff Hawbecker

How related mother

CAUSES OF DEATH

105 X

Primary Ills - Colitis

How long 4 days.

Immediate Inhalation

How long 36 hours

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

Great N. Garber  
Williamsport

Accident or Suicide

PHYSICIAN  
OR CORONER

July 23<sup>rd</sup> 1909

J. F. Kreps. Undertaker  
Interment Riverview  
Cemetery.

Williamsport  
Md

Name  
in  
Full

Laura Pauline Hoffman

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at <u>Keokuk</u>		County <u>Washington</u>		MARYLAND	
Date of death	Month <u>July</u>	Day <u>17</u>	Years	Months <u>2</u>	Days <u>18</u>
Sex <u>female</u>	Color or Race <u>white</u>	Birth-place <u>Keokuk</u>			
Occupation <u>infant</u>	Where Residing if not at place of death <u>Keokuk</u>				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name <u>Louis M. Hoffman</u>	Father's Birthplace <u>West Va</u>				
Mother's Maiden Name <u>Bertha R. Kilham</u>	Mother's Birthplace <u>West Va</u>				
Name of person giving information <u>Louis M. Hoffman</u>	How related to deceased <u>Father</u>				
• CAUSES OF DEATH •					
Primary <u>Dysentery</u>	How long <u>two weeks</u>				
Immediate <u>exhaustion</u>	How long <u>one day</u>				

1

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

B. B. Ranson

Address

Harpers Ferry  
West Va

Accident or Suicide



Name  
in  
Full

Baby Hornbraker.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	1909	Month	Day	Year	Month	Days
Sex	Female	Color or Race	Age			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Single		Name of Wife or Husband			
Father's Name	Albert Wesley Hornbraker					
Mother's Maiden Name	Elizabeth Mills					
Name of person giving Information	Mary Sterling					

Father's Birthplace  
Marsburg Pa  
Mother's Birthplace  
Big Spring Md.  
How related to deceased  
Aunt.

CAUSES OF DEATH

Primary

Dead born

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Address

Ernest V. Brather  
Williamsport

Accident or Suicide

J. F. Kreps. Undertaker  
Interment at Otterbine Church  
Cemetery. July 5<sup>th</sup> 1909.

Elizabeth A Howard

## CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	1909	Month 7	Day 14	Years 55	Months 19	Days 3	
Sex	female	Color or Race	White				
Occupation	House Wife		Where Residing if not at place of death	Funkstown			
Married, Single or Widowed	Married	Name of Wife or Husband	Elizabeth Howard				
Father's Name	Lewis A. Gross		Father's Birthplace	Funkstown			
Mother's Maiden Name	Elizabeth Betts		Mother's Birthplace	Funkstown			
Name of person giving information	Phas. E. Howard		How related to deceased	Husband			

## CAUSES OF DEATH

43

Primary Carcinoma of Breast.

How long

3-4 years.

Immediate Exhaustion.

How long

3-4 months

Are the name, age, sex, color, date and place correctly given above?

yes.

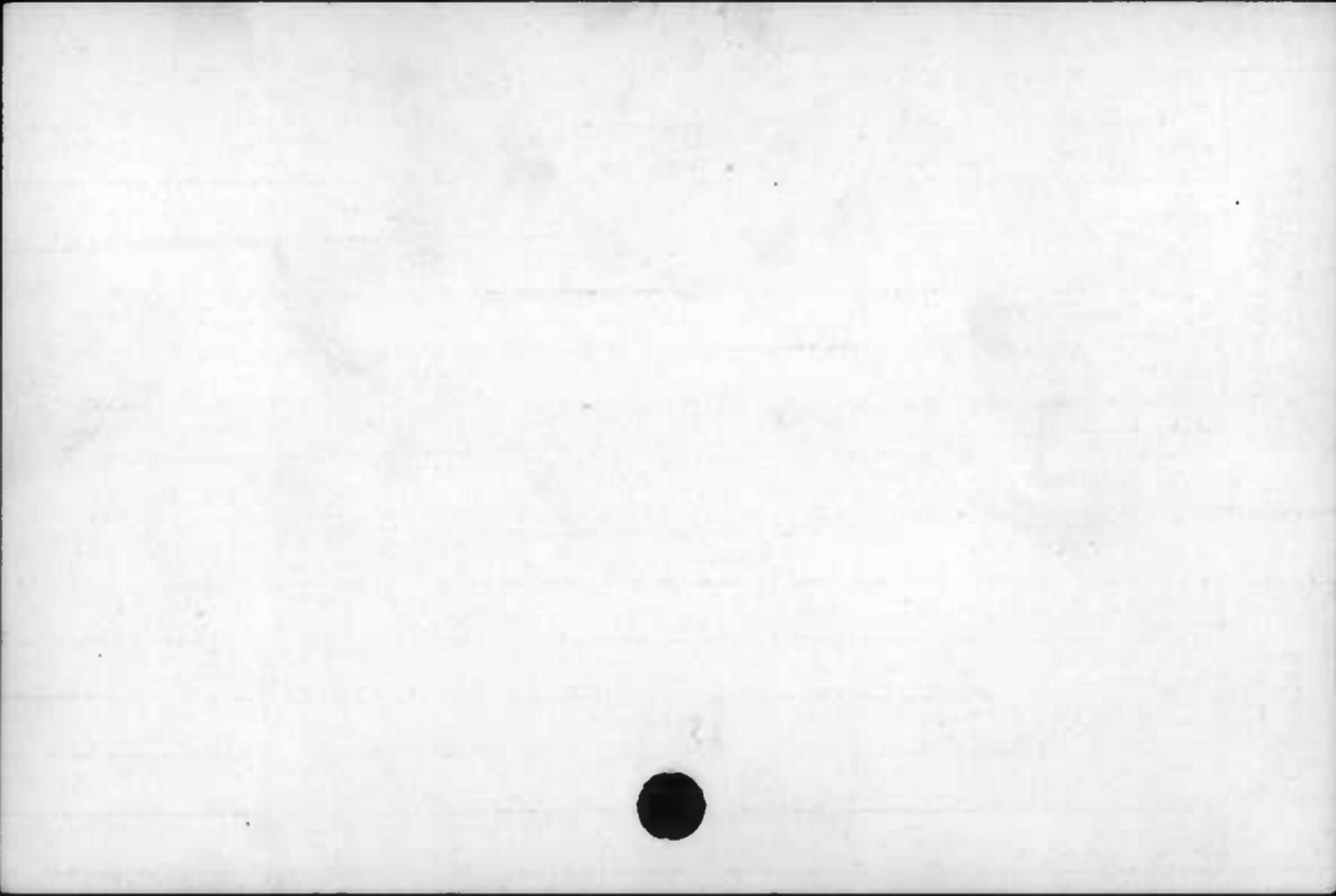
Signature of Physician

Address

V. W. Smith L

Accident or Suicide?

No



Name  
in  
Full

Sadie Elizabeth Jackson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Diad at	Hayes town	County	MARYLAND
Date of death	1909	Month	July
	12	Day	12
Age	19	Years	1
Sex	Female	Color or Race	colored
Occupation	Domestic	Whera Residing if not at place of death	Hayes town Md
Marriad, Single or Widowed	single	Name of Wife or Husband	
Father's Name	William Jackson	Father's Birthplace	Greencastle Pa
Mothar's Maiden Nams	Angie Rebecca Fisher	Mothar's Birthplace	Frederick Md
Name of person giving Information	Martha T. Fisher	How related to deceased	Grandmother

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Typhoid fever

How long

3-7 West.

Immediate

Perforation of intestine

How long

2-4 hours

Are the name, age, sex, color, date and place correctly given above?

92

Signature of Physician

T. C. D. Miller

Address

Hayes town

Accident or Suicide

2W

A. K. Coffman.

Name  
in  
Full

John Peccle Joccer

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town		County		MARYLAND	
Died at		Franklin Co.		Re.	
Date of death	Month	Day	Years	Month	Day
1909	July	7	—	—	11
Sex	Color or Race	Age		Birth-place	
Male	White	—		Re.	
Occupation	Where Residing if not at place of death				
Seer	At place of death				
Married, Single or Widowed	Name of Wife or Husband		Re.		
single	Rebecca		Re.		
Father's Name	Father's Birthplace				
John F. Joccer	Re.				
Mother's Maiden Name	Mother's Birthplace				
Rebecca Wolfe	Re.				
Name of person giving information	How related to deceased				
Joseph Rile	At place of death				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Pneumonia Bitter

How long

(51)

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

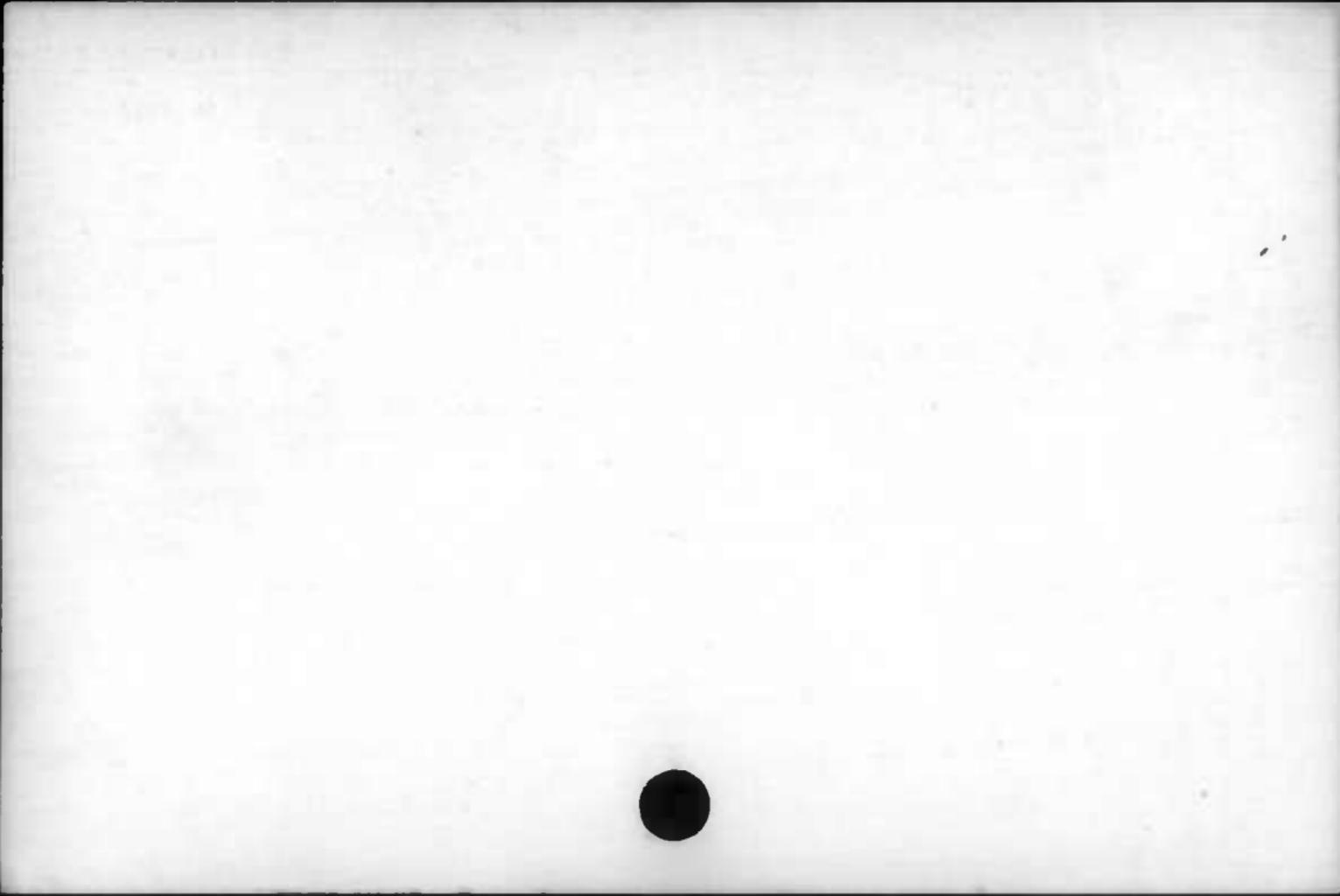
Yes

Signature of Physician

Rever Miller  
Franklin & Dixie  
Re.

Address

Accident or Suicide



Name  
in  
Full

Harvey R. Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at Hagerstown Washington County MARYLAND

Date of death 1909	Month 7	Day 5	Age 29	Years	Months 11	Days 11
Sex Male	Color or Race White	Birth-place Pa				
Occupation Teamster	Where Residing if not at place of death					
Married, Single or Widowed Married	Name of Wife or Husband Gertrude A. Estine					
Father's Name Jacob L. Jones	Father's Birthplace Pa					
Mother's Maiden Name Mary C. Ross	Mother's Birthplace Pa					
Name of person giving Information Edward R. Jones	How related to deceased Brother					

CAUSES OF DEATH

Primary

Argonie heart disease & Nephritis

79

How long

Immediate

Heart failure

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

L.M. MatKiss

Name  
in  
Full

~~Robert L.~~ Grover F. Kemp

Twice

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Hagerstown

Town

County

MARYLAND

Date of death 1909 Month 7 Day 25

Years

Months

Days

Sex Male

Color or  
Race

White

Birth-  
place

Md

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Edward L. Kemp

Father's  
Birthplace

Md

Mother's  
 Maiden Name

Catharine L. Hartle

Mother's  
Birthplace

Md

Name of person giving  
Information

Edward L. Kemp

How related  
to deceased

Mother

CAUSES OF DEATH

Primary

Not Viable  
Exhaustion



How long

Immediate

70

How long

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

E. W. Warrigan  
Hagerstown, Md

Accident or Suicide

PHYSICIAN  
OR CORONER

9

L.M. Watkins  
Literature

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Robert E. Kemp.

Finis

CERTIFICATE OF DEATH

MARYLAND

Died at Hagerstown

Washington

Town  
Month  
Date of death 1904 7 23

County  
Years  
Months  
Days

Age

Sex Male

Color or  
Race

White

Birth-  
place

Ind.

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Edward E. Kemp

Father's  
Birthplace

Ind.

Mother's  
Maiden Name

Catharine L. Hartle

Mother's  
Birthplace

Ind

Name of person giving  
Information

Edward E. Kemp

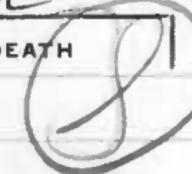
How related  
to deceased

Father

CAUSES OF DEATH

Primary

Not Viable  
Exhaustion



How long

Immediate

Yes.

How long

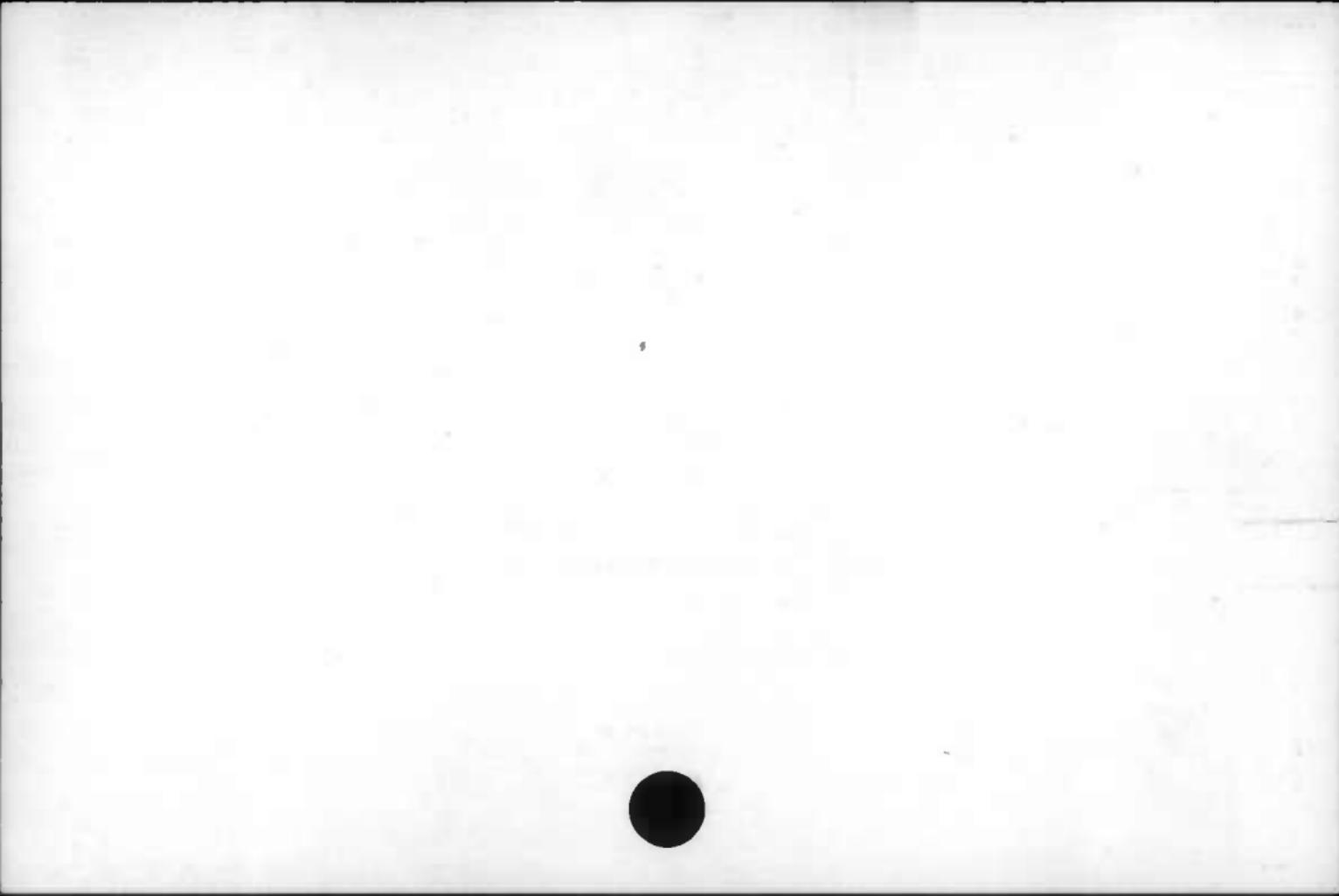
Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

E. C. Workman  
Sayreville  
Md

Accident or Suicide



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Sena May Kimble

CERTIFICATE OF DEATH

MARYLAND

Died at

Williamsport

County  
Wash

Months

Days

Date  
of death

1909

Month

Day

Years

10

Days

Age

27

Sex

Female

Color or  
Race

White

Birth-  
place

Williamsport

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

William Kimble

Father's  
Birthplace

Williamsport

Mother's  
Maiden Name

Anna Deighty

Mother's  
Birthplace

Penn.

Name of person giving  
Information

William Kimble

How related  
to deceased

Father

CAUSES OF DEATH

Primary

Cholera Infantum

105

Immediate

Exhaustion

How long

6 hours

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

D. Ernest V. Gauthier  
Williamsport

Accident or Suicide

July 16<sup>th</sup> 1909.

J. F. Kreps. Undertaker  
Interment in  
Riverview Cemetery

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

George W King

CERTIFICATE OF DEATH

Town: Hagerstown  
County: Washington  
State: MARYLAND

Died at: Hagerstown Month: July Year: 1904 Age: # Days: 2  
Date of death: 1904 Month: July Day: 21  
Sex: Male Color or Race: White  
Occupation: Child Where Residing if not at place of death: Md  
Married, Single or Widowed: Single Name of Wife or Husband: \_\_\_\_\_  
Father's Name: Samuel G King Father's Birthplace: Md  
Mother's Maiden Name: Mary Springer Mother's Birthplace: Md  
Name of person giving Information: Samuel G King How related to deceased: Father

CAUSES OF DEATH

Primary

Acute Enter-Colitis

Immediate

Toxemia with Exhaustion

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Dr. DeGraw, Hagerstown, Md.

Accident or Suicide

No

105

How long

7 days

How long

3 days

H.C. Bippiree  
Post Hill

Name  
in  
Full

Ralph R. King

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Hagerstown Town Washington County  
Date of death 1907 Month 7 Day 1  
Age 3 Years 3 Months 3 Days 5  
Sex Male Color or Race White  
Occupation \_\_\_\_\_ Birthplace Pa

Married, Single  
or Widowed

Name of Wife or Husband

Father's Name

Albert King

Father's Birthplace

Pa

Mother's Maiden Name

Effa E. Phelps

Mother's Birthplace

Pa

Name of person giving information

Albert King

How related to deceased

Father

Primary

Bacteric & skull

CAUSES OF DEATH

Immediate

Paracox

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

164

How long

over

McMonasor  
Hagerstown  
MD

PHYSICIAN  
OR CORONER

Accident or suicide

(mr)

Was playing along railroad track, and ran into  
passing passenger train.

S. M. Shetler.

Name  
in  
Full

Arthur Lewis

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at <u>Fndley Farm</u>		County <u>Was -</u>		MARYLAND	
Date of death <u>1909</u>	Month <u>Judy</u>	Day <u>25</u>	Years	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>	Age	<u>Fndley Farm</u>		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed <u>single</u>	Name of Wife or Husband				
Father's Name <u>R H. Lewis</u>	Father's Birthplace <u>Was Co Ma</u>				
Mother's Maiden Name <u>Effie Holmes</u>	Mother's Birthplace <u>Fredk Co La a</u>				
Name of person giving Information <u>R H. Lewis</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

151

Primary Malnutrition.

Immediate Asthenia

Are the name, age, sex, color, date and place correctly given above?

Yrs.

Signature of Physician

Address

How long

3 weeks

How long

3 days

Ernest J. Gable,  
Williamston

Accident or Suicide?

Aug 1 <sup>or</sup> 1909

J. F. Kepf *Maculinea*

intemal at Mt. Briar

Name  
in  
Full

Maurice L. Lerosas.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at		Town		County		MARYLAND	
Date of death	1909	Month	July	Day	10	Year	1
Sex	Male	Color or Race	White	Age	1	Montha	7
Occupation	None	Where Residing if not at place of death				Greenbury	
Married, Single or Widowed	Single	Name of Wife or Husband		None			
Father's Name	N. D. Lucas			Father's Birthplace Stoney Point			
Mother's Maiden Name	Blanche Bemus.			Mother's Birthplace Greenbury			
Name of person giving Information	N. D. Lucas			How related to deceased Father			
CAUSES OF DEATH							
Primary	Cholera Infantum						
Immediate	Cholera Infantum						
Are the name, age, aex, color, date and place correctly given above?		Yes	Signature of Physician	Dr. M. K. Fawver			
			Address	Smithsburg Maryland			

105

X

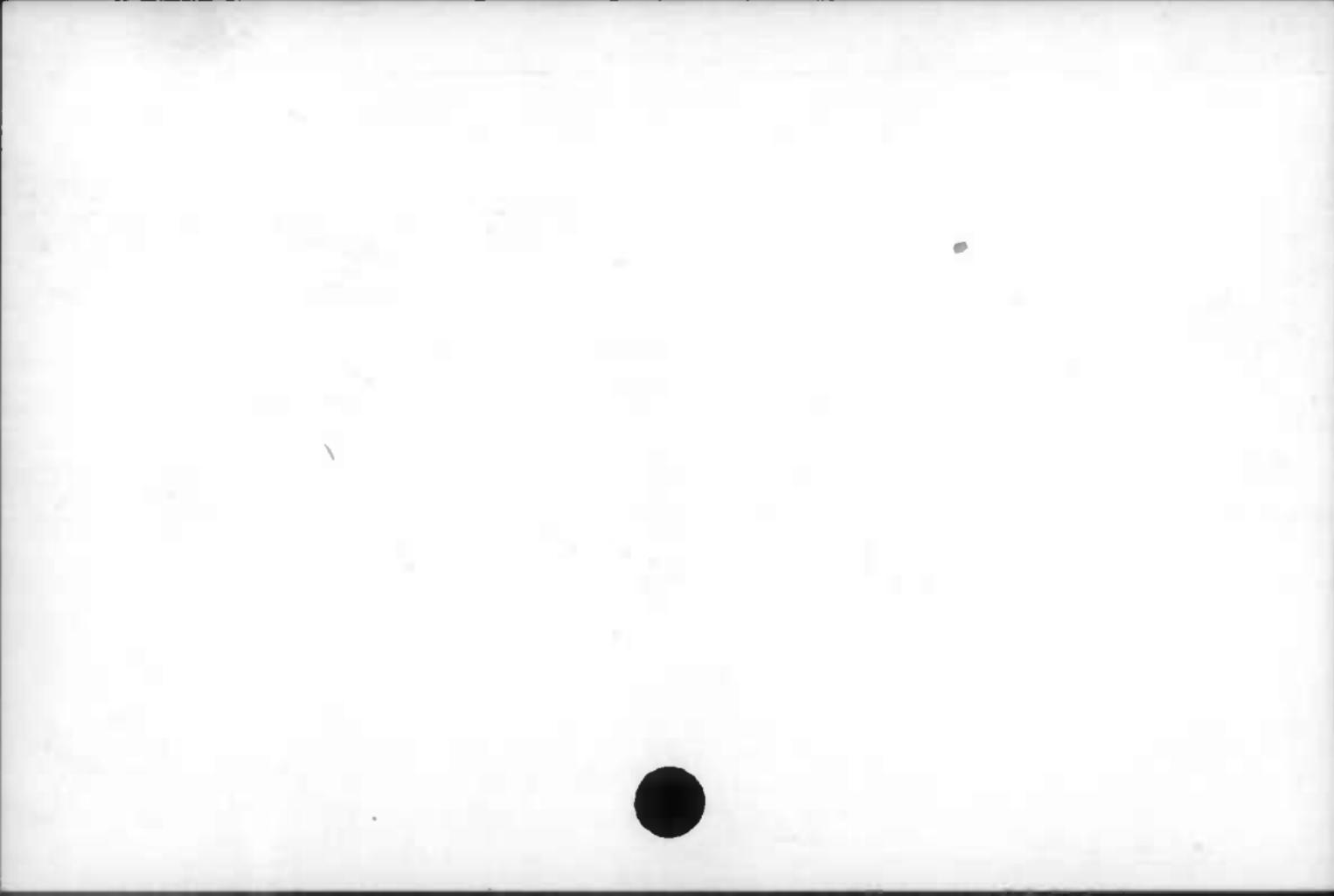
How long

one week

How long

one week

Accident or Suicide



Name  
in  
Full

Mrs Margaret L. C. M<sup>rs</sup> Tomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1909	Month	Day	Years	Months	Days
Sex	Female	Color or Race	White	Age	56	11
Occupation	Boarding House Super		Where Residing if not at place of death			
Married, Single or Widowed	Widow	Name of Wife or Husband	Geo M. M <sup>rs</sup> Tomas			
Father's Name	John Ler Chapman		Father's Birthplace	Baltimore		
Mother's Maiden Name	Elizabeth Chapman		Mother's Birthplace	Ohio		
Name of person giving Information	John St. Welch		How related to deceased	none		

CAUSES OF DEATH

27

Primary

Pulmonary tuberculosis

How long

5 yrs

Immediate

Pulmonary oedema

How long

24 hrs

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Yes

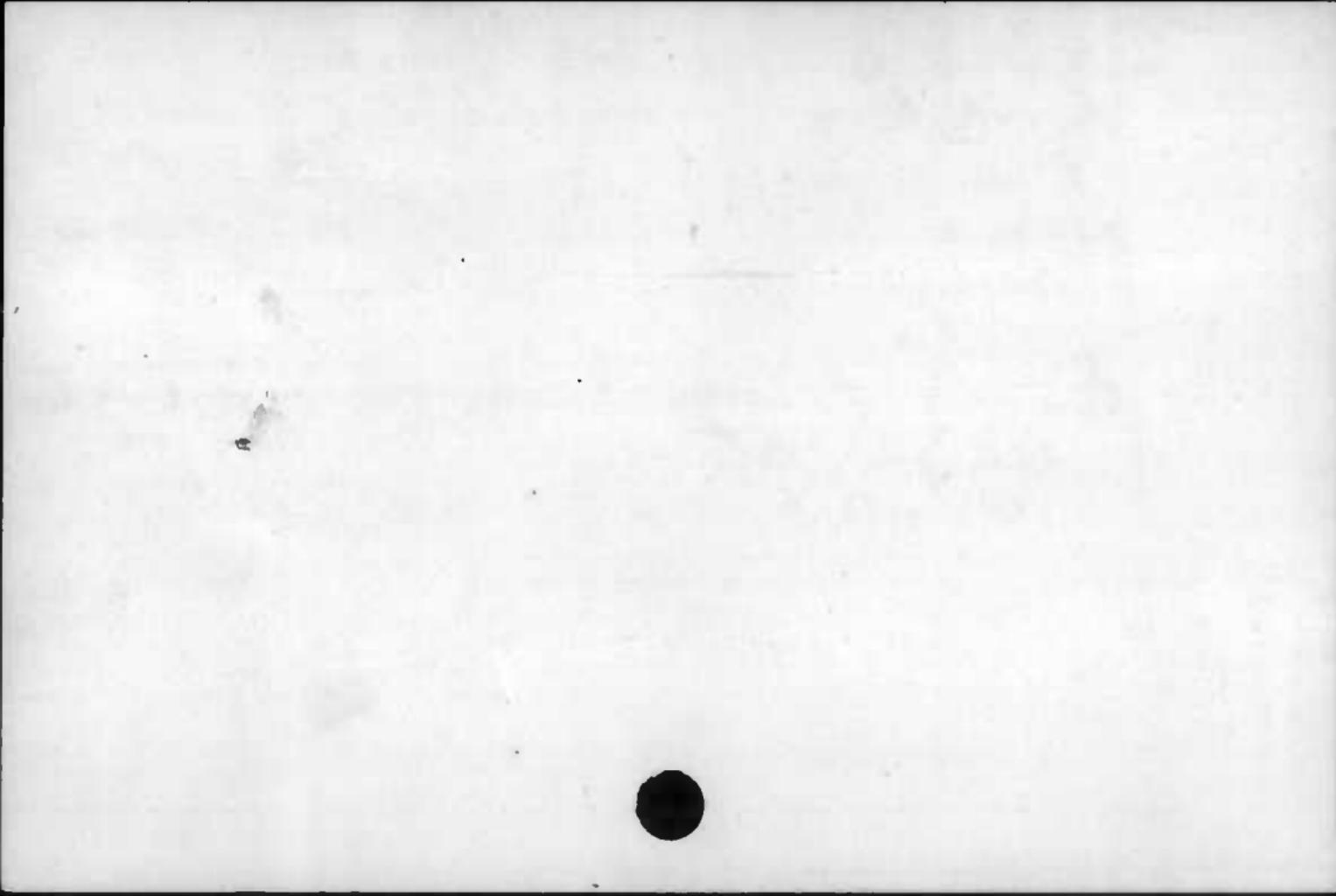
Signature of Physician

Victor D. Cullen

Address

State Sanatorium  
Maryland

Accident or Suicide?



Name  
in  
Full

Orpha Ellen McPherson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Baltimore		Washington	
Date of death	Month	Year	Days
1909	July	27	16
Age	4		
Sex	Female	Color or Race	white
Occupation	House	Where Residing if not at place of death	Maryland
Married, Single or Widowed	Single	Name of Wife or Husband	
Father's Name	Elmer S. McPherson	Father's Birthplace	Maryland
Mother's Maiden Name	Eliza Strupper	Mother's Birthplace	"
Name of person giving Information	Elmer S. McPherson	How related to deceased	Father

CAUSES OF DEATH

105

How long

How long

PHYSICIAN  
OR CORONER

Primary

Enter. Colitis

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

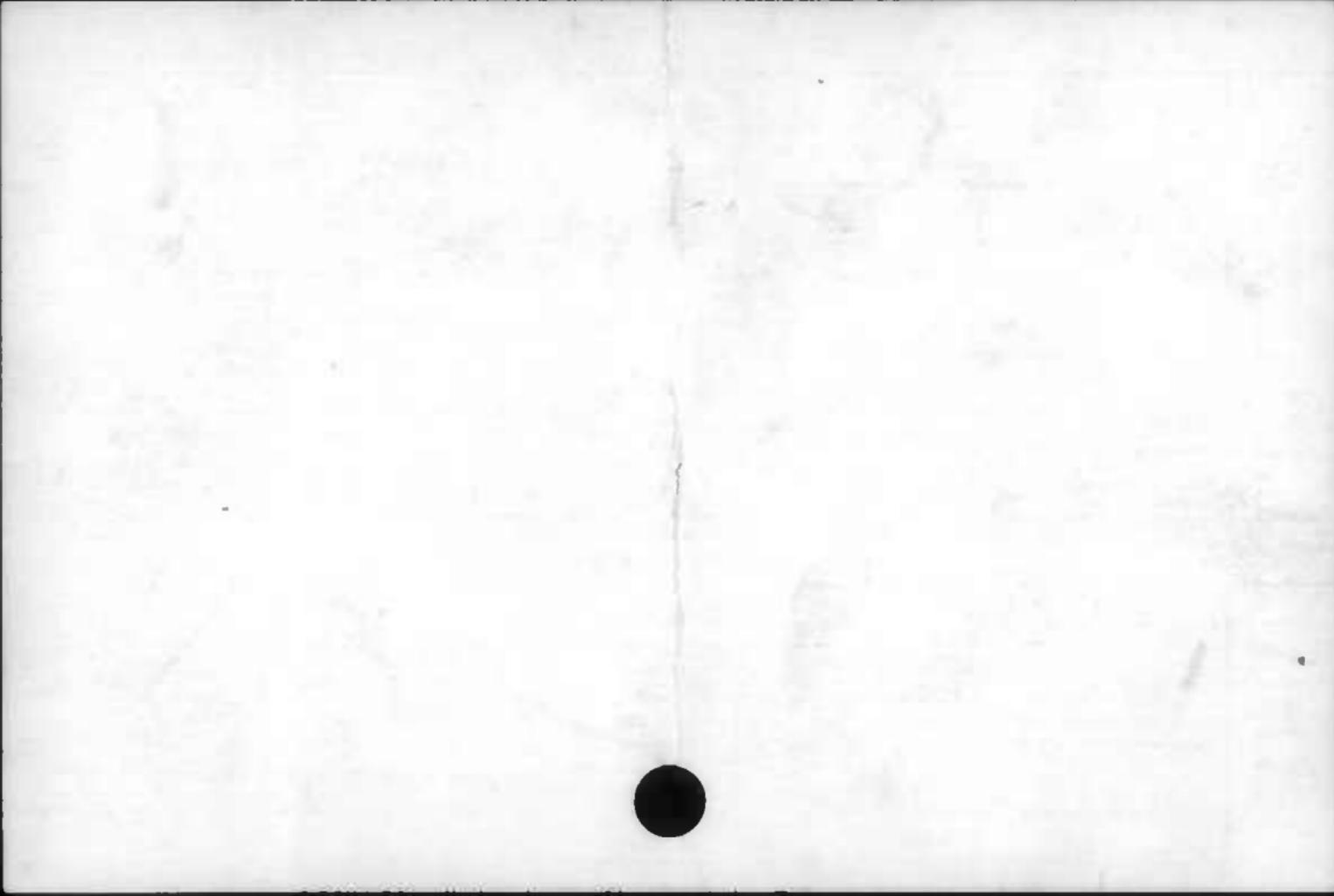
Signature of Physician

Address

S. S. Davis

Baltimore  
Md

Accident or Suicide



Name  
in  
Full

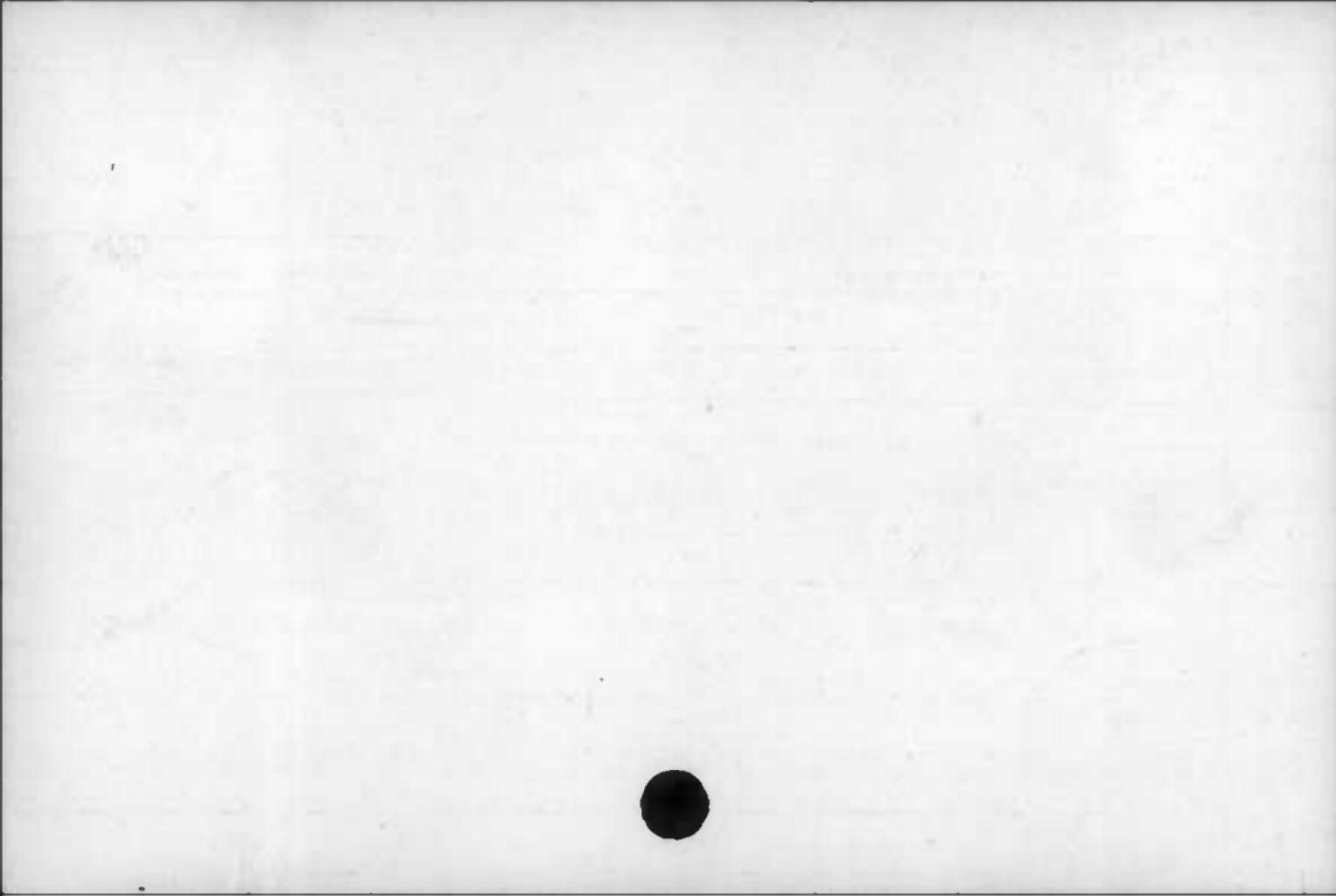
unnamed infant

Marie  
CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving Information	How related to deceased				
CAUSES OF DEATH					
Primary	Still Born				
Immediate	Some day				
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		
yes			Address		
Accident or Suicide?			J. M. Richard Fairplay		

PHYSICIAN  
OR CORONER



Name  
in  
Full

India Ruth Mose.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town County  
Died at near Billmeyer's mill Berkeley Co. W. Va. MARYLAND

Date of death 1909	Month July	Day 8	Age	Years	Months 2	Days 16
Sex Female	Color or Race	white	Birth-place	West Va.		
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Franklin Eugene Mose.					
Mother's Maiden Name	Helen Schoppeit					
Name of person giving Information	James S. Oliver M.D.					

Father's Birthplace Md  
Mother's Birthplace Md.  
How related to deceased Physician

PHYSICIAN  
OR CORONER

Primary Pneumonia

Immediate Pneumonia

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

James S. Oliver M.D.  
Susan Pond W. Va.

Accident or Suicide

G. W. Fenner

Name  
in  
Full

# Walter Neil Munson

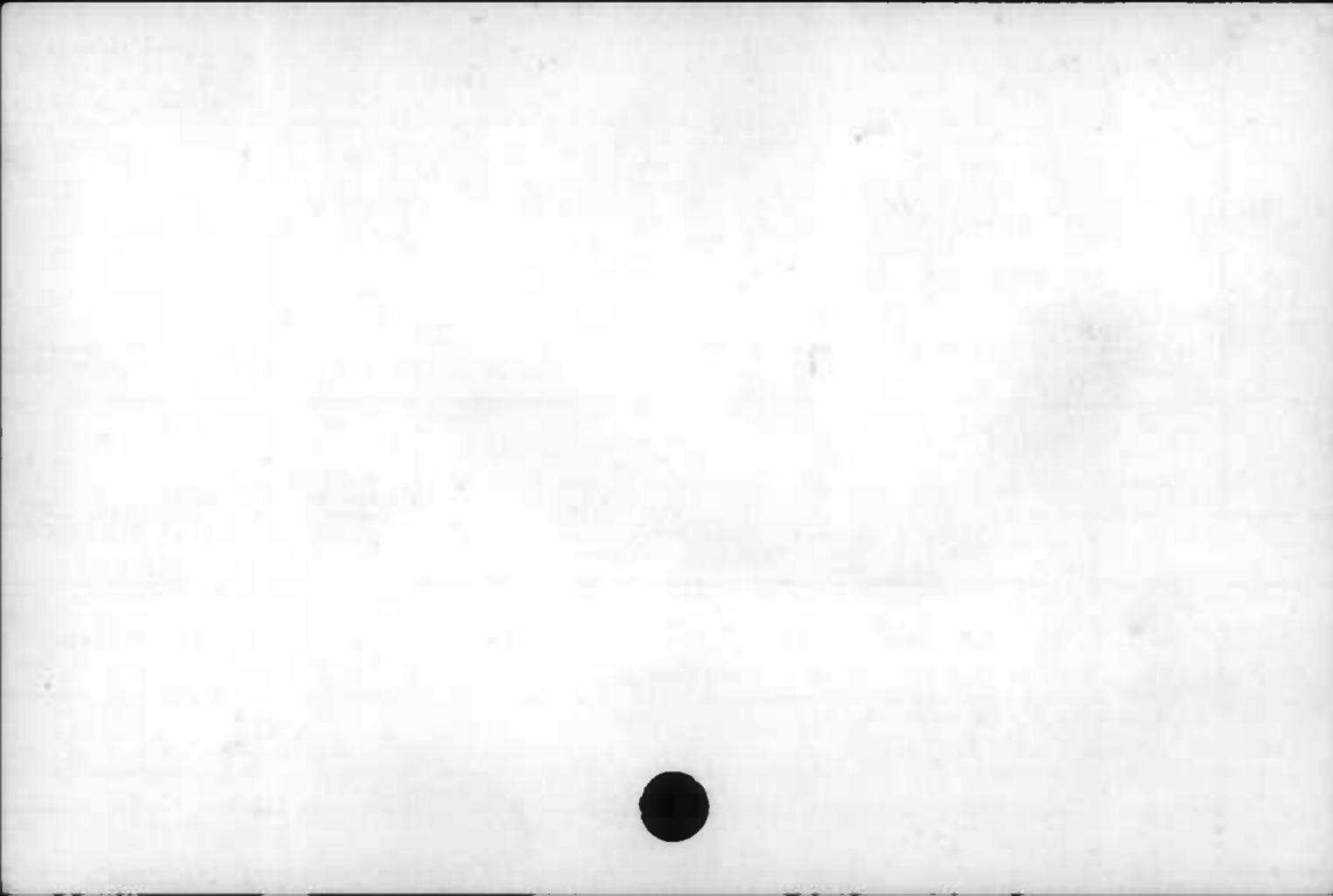
## CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	190	Month	Day	Years	Months	Days	
Sex	Male	Color or Race	Age	17	9	18	
Occupation	Laborer.		Where Residing if not at place of death		Died at Home.		
Married, Single or Widowed	Single	Name of Wife or Husband					
Father's Name	John W Munson		Father's Birthplace		Wash Co Md		
Mother's Maiden Name	Columbia Summons		Mother's Birthplace		" " "		
Name of person giving Information	John W Munson		Relation to deceased		Father		

### CAUSES OF DEATH

Primary	Typhoid Fever		How long	3 weeks
Immediate	Appendicitis & Peritonitis		How long	36 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	H. E. Yabler	
		Address	Hancock, Md.	
Accident or Suicide?				



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Hannah Nicodemus

CERTIFICATE OF DEATH

Died at		Town	County	MARYLAND		
Date of death	Month	Day	Age	Years	Months	Days
1909	July	14	76			11
Sex	Color or Race	Birth-place				
Female	White	near Reedysville				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Husband	Jacob Nicodemus Dried				
Father's Name	Germany					
Henry Miller	near Reedysville					
Mother's Maiden Name	Son					
Elizabeth Hoffman						
Name of person giving information						
Millard Nicodemus						

CAUSES OF DEATH

154

Primary

General Debility

How long

For several years

Immediate

Heart Failure

How long

Very sudden

Are the name, age, sex, color, date and place correctly given above?

Yrs

Signature of  
Physician

Address

J. H. Gardner

Sharpsburg - Md

Accident or Suicide?

Chas. S. Ward  
undertaker

Name  
in  
Full

James Henry Patton

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Four Locks	Town	County	MARYLAND		
Date of death	1909	Month July	Day 26	Age	Years	Months
Sex	Male	Color or Race	White	Birth-place	6	Days 21
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	William Patton		Father's Birthplace Four Locks			
Mother's Maiden Name	Minnie Ward		Mother's Birthplace Clear Spring			
Name of person giving Information	James Patton		How related to deceased Father			

PHYSICIAN  
OR CORONER

6

CAUSES OF DEATH

Primary

Choleva Refactum

105

How long

2 days

Immediate

Convulsions

How long

Are the name, age, sex, color, date and place correctly given above?

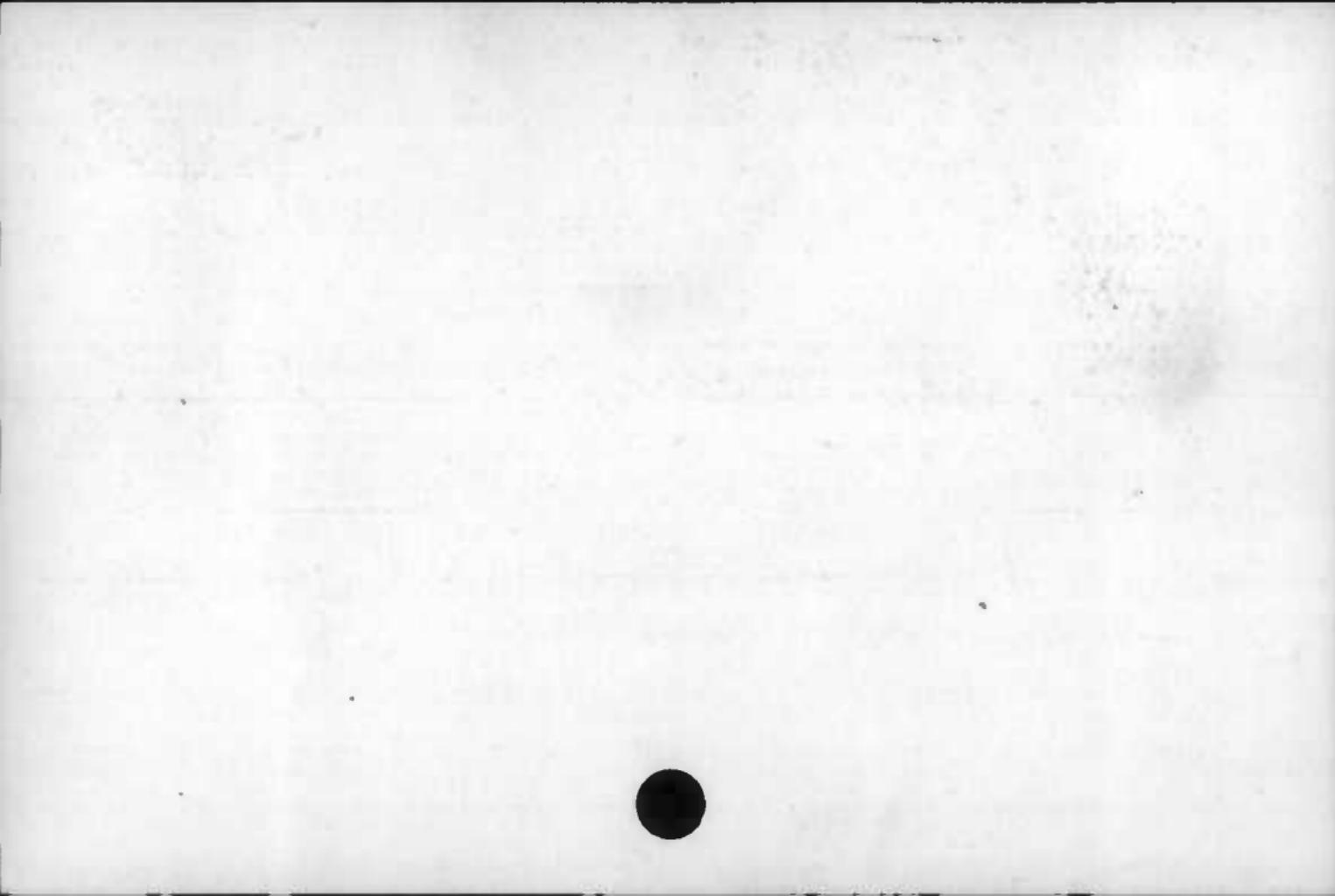
yes

Signature of Physician

Address

Theo. Boose,  
Clear Spring, Md.

Accident or Suicide?



Name  
in  
Full

Rubben Poff

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Town	County			MARYLAND	
Died at	Bellmore	Month	Day	Years	Months
Date of death	1909	July	7	Age	83
Sex	Male	Color or Race	White	Birth-place	Do not know
Occupation	Miller	Where Residing if not at place of death			Heagins Town
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	John Poff	Father's Birthplace			Do not know
Mother's Maiden Name	Do not know	Mother's Birthplace			"
Name of person giving information	Rubben Koonz	How related to deceased			Nephew

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Sustained Calarth			How long
Immediate	Exhaustion			gloss
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	I, Mr. Wm. J. Heagins	
		Address	Heagins Town	
Accident or Suicide?				

S K Lowman  
Undertaker

Name  
in  
Full

Bertha Francis Rager

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Town		County		MARYLAND	
Diad at	Sprechers Mill	Month	July	Day	13
Date of daath	1909	Age	32	Years	1
Sax	Female	Color or Race	White	Birth-place	Sprecher Mill
Occupation	For lady at Laundry		Where Residing if not at place of death	Hagerstown Md	
Marriad, Single or Widowed	Married	Name of Wife or Husband	Death /Inav	Father's Birthplace	Carter Co Pa
Father's Name	Harvey Rager		Mother's Birthplace	State live	
Mother's Maiden Name	Mabel Goward		How related to deceased	Mother	
Name of person giving Information	Marie Rager				

CAUSES OF DEATH

Primary

Typhoid Fever

1

X

How long

Two weeks

Immediate

Prostration

How long

Two days

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of Physician

Address

Mr. Richardson

Williamsport

Accident or Suicide

No.

July 17 - 1909

River View Cemetery

J. F. Krebs  
A

Name  
in  
Full

Ottis Allen Renner

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County	MARYLAND	
Date of death	1909	Month July	Age	Months 10	Days 14
Sex	Male	Color or Race	White	Birth-place	Sharpsburg-Md
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	McClellan, Renner				
Mother's Maiden Name	Anna McCrelley				
Name of person giving information	Mrs. Anna Renner				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Q

Primary

Glau-eratitis

105

X

How long

About a week

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

E. W. Garrett.

Sharpsburg, Md.

Accident or Suicide?

Chas. S. Wade

undertaker

Name  
in  
Full

Mrs Maria Schenck

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town County MARYLAND  
Died at Hagerstown Washington  
Date of death 1909 Month Day Years Months Days  
Age 68 9 11  
Sex Female Color or Race White Birth-place Pa  
Occupation Domestic Where Residing if not at place of death  
Married, Single or Widowed Married Name of Wife or Husband DW Schenck  
Father's Name Jacob Wettler Father's Birthplace Germany  
Mother's Maiden Name Elizabeth King Mother's Birthplace Germany  
Name of person giving Information DW Schenck How related to deceased Husband

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary

Indocarditis Throphitis

Immediate

42

Signature of Physician

Address

Are the name, age, sex, color, date and place correctly given above?

How long

10 years

Accident or Suicide

20

J. E. Schenck  
Hagerstown Md

H.K. Sorenson  
Howard Po

Name  
in  
Full

Mrs. Susan Ann Schmidt

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Hagerstown Town Wash. County MARYLAND  
Date of death 1909 Month 7 Day 27 Age 72 Month 3 Day 24

Sex female Color or Race white Birth-place Md.  
Occupation N. W.

Where Residing if not at place of death  
Married, Single or Widow widow Name of ~~Wife~~ Husband Gottlob Schmidt  
Father's Name John Maisack Father's Birthplace Germany

Mother's Maiden Name Not Known Mother's Birthplace —

Name of person giving Information George J. Smith How related to deceased son

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Heart Disease

Immediate

Insuff.

Are the name, age, sex, color, date and place correctly given above?

JCS

Signature of Physician

Address

Accident or Suicide

79

How long

Several Years

How long

Several Years

How long

Several Years

How long

Several Years

C. M. Sutters Sons

Name  
in  
Full

Mrs Hannah V. Shafer

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Died at		Town		County		MARYLAND		
Hagerstown				Wash.				
Date of death	Month	Day	Year	Age	76	Month	Days	
1909	7	24				2	1	
Sex	Color or Race		white		Birth-place	Md.		
Occupation	H. W.		Where Residing if not at place of death					
Married, Single or Widow	Name of Wife or Husband		Benjamin F. Shafer		Father's Birthplace	Md.		
Married	Husband							
Father's Name	Samuel M. Cauley							
Mother's Maiden Name	Elizabeth McCleay							
Name of person giving Information	Samuel M. Shafer				How related to deceased		son	

## CAUSES OF DEATH

Primary

Mild Regurgitation

79

X

6 months

Immediate

Embolism

How long

few hours

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Accident or Suicide

L.M. Suter Sons

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

John S. Shank

CERTIFICATE OF DEATH

Pa  
MARYLAND

Died at		Town	County			
Date of death	1909	Month July	Day 5	Years 59	Months 6	Days 17
Sex	male	Color or Race	white	Birth-place	Marlboro Pa	
Occupation	retired Farmer		Where Residing if not at place of death	Marlboro Pa		
Married, Single or Widowed	widower	Name of Wife or Husband	Mary. Baumgardner	Father's Birthplace	Pa	
Father's Name	Jacob Shank			Mother's Birthplace	Md	
Mother's Maiden Name	Martha White			How related to deceased	Brother-in-law	
Name of person giving information	Donald W. Martine					

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Chronic dilatation of heart		How long	two years	
	Immediate	acute myocarditis		How long	15 minutes	
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Franklin A. Bushy		
			Address	Marlboro Pa		
Accident or Suicide? Neither						



Name  
in  
Full

Joseph S. Smith

CERTIFICATE OF DEATH

Died at

Town

Williamsport

County

Wash.

MARYLAND

Date

of death 1909

Month

July

Day

29

Years

76

Months

9

Days

22

Age

Sex

Male

Color or  
Race

White

Birth-  
place

Hagerstown

Occupation

Salvor

Where Residing if not  
at place of death

Hagerstown

Married, Single  
or Widower

Name of Wife or  
Husband

Father's  
Name

Not Known

Father's  
Birthplace

Not Known

Mother's  
Maiden Name

“ “

Mother's  
Birthplace

“ “

Name of person giving  
Information

Chas. Robinson

How related  
to deceased

Nephew

66

CAUSES OF DEATH

Primary

Paralysis

How long

Twenty four hours

Immediate

Prostration

How long

Two hours

Are the name, age, sex, color, date  
and place correctly given above?

Yes -

Signature of  
Physician

W. S. Richardson  
Williamsport

Address

Accident or Suicide?

No.

• TO BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN  
OR CORONER

July 29<sup>th</sup> 1909

Riverview Cemetery

Williamsport Md.

J. H. Kreps.

undertaker.

Name  
in  
Full

Joseph Elmer Maxwell Speaks

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at

Town

County

McCoys Ferry Frederick

Date  
of death

Month

Day

Years

Months

Days

1909 July 12

Age

10

28

Sex

Color or  
Race

Birth-  
place

Occupation

Nagelstorf

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Birthplace

Father's  
Name

Fredrick  
Md

Mother's  
Maiden Name

Mother's  
Birthplace

Name of person giving  
Information

How related  
to deceased

CAUSES OF DEATH

105

Primary

Indigestion

How long

10 days

Immediate

Enteric Colitis

How long

2 days

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

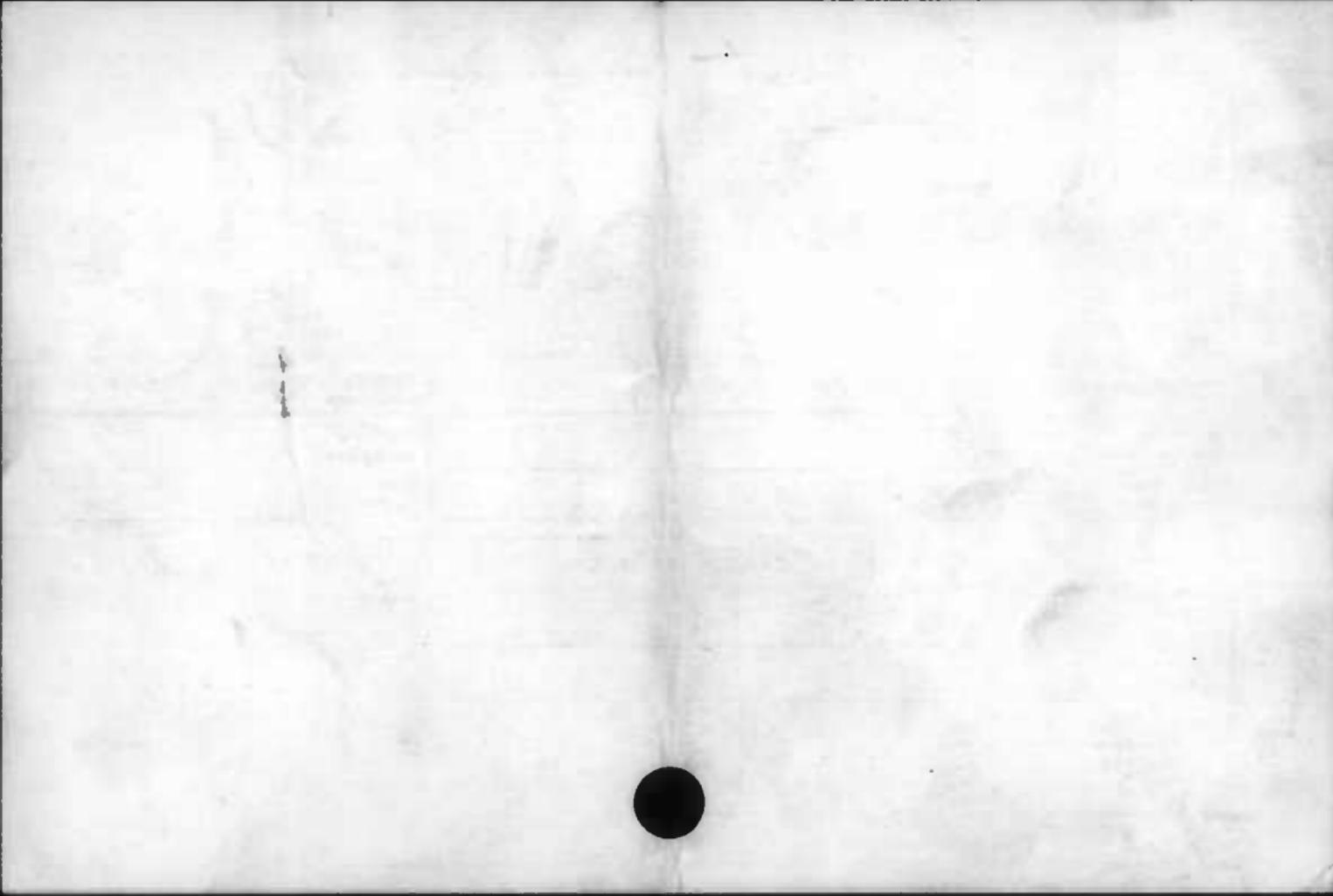
yes

Address

Shed Brook  
Clear Spring  
Md

PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

James E Stevens

CERTIFICATE OF DEATH

Town Hagerstown County Washington MARYLAND

Died at Hagerstown Month July Day 18 Years + Months 10 Days 17

Date of death 190 Sex Male Color or Race White Birth-place Md

Occupation Teacher Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed Single Name of Wife or Husband \_\_\_\_\_

Father's Name Edward Stevens Father's Birthplace WVa

Mother's Maiden Name Virgie Easterday Mother's Birthplace Md

Name of person giving Information Edward Stevens How related to deceased Father

CAUSES OF DEATH

Primary

Enteritis

Immediate

Cardiac Exhaustion

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

105

How long

How long

2 weeks

1 day

A.P. Shaffer

Accident or Suicide

Mr. G. M. Price  
B. N. W.

Name  
in  
Full

Henretta S Stevenson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	County		MARYLAND	
Diad et Smithburg	Washington		12	
Date of death 1909	Month 7	Day 7	Years 78	Months 8
Sex Female	Color or Race White	Age 78	Days 12	
Occupation Housekeeper	Where Residing if not at place of death Smithburg			
Married, Single or Widowed	Name of Wife or Husband James Stevenson			
Father's Name Frederick Dwyer				Germany
Mother's Maiden Name Elizabeth Fishack				Smithburg
Name of person giving Information	Willaire Stevenson			Son

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Paralysis

Immediate

Bright's Disease

Are the name, age, sex, color, date and place correctly given above?

Signature of  
Physician

Address

Dr. M. D. Kefauver

Smithburg  
Maryland

Accident or Suicide

120

How long

over year

How long

6 months



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Stepnamed Child of John & Agnes Stinebaugh

CERTIFICATE OF DEATH

Died at Hagerstown Wash MARYLAND  
Date of death 1901 Month Day Years Month Days  
Sex male Color or Race white Birth-place Md.  
Occupation

Married, Single or Widowed single Name of Wife or Husband

Father's Name John J. Stinebaugh

Mother's Maiden Name Agnes Leakeway

Name of person giving Information John J. Stinebaugh

Father's Birthplace Md.

Mother's Birthplace Penna.

How related to deceased father

151

How long

X  
2 hrs.

How long

Primary

Stelectasis

Immediate

++

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

F. G. Hoffmeir  
17 W. Washington St  
Hagerstown Md.

Accident or Suicide

C. M. Switz & Sons

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

Katherine S. Stonebraker  
Died at Weston Town Washington County

CERTIFICATE OF DEATH

MARYLAND

Died at Weston Month 7 Day 30 Date of death 1909 Years 53 Months 2 Days 8

Sex Female Color or Race White Birth-place M.d

Occupation

Where Residing if not  
at place of death

Housewife

Wm. S. Stonebraker

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Gerringham. Booze

Father's  
Birthplace

W.Ya

Mother's  
Maiden Name

Mary. J. Eichelberger

Mother's  
Birthplace

M.d

Name of person giving  
Information

W. S. Stonebraker

How related  
to deceased

Husband

104

X

CAUSES OF DEATH

Primary

Acute. Indigestion

How long

10 days

Immediate

Cerebral Hemorrhage

How long

Instantaneous

Are the name, age, sex, color, date  
and place correctly given above?

Yes

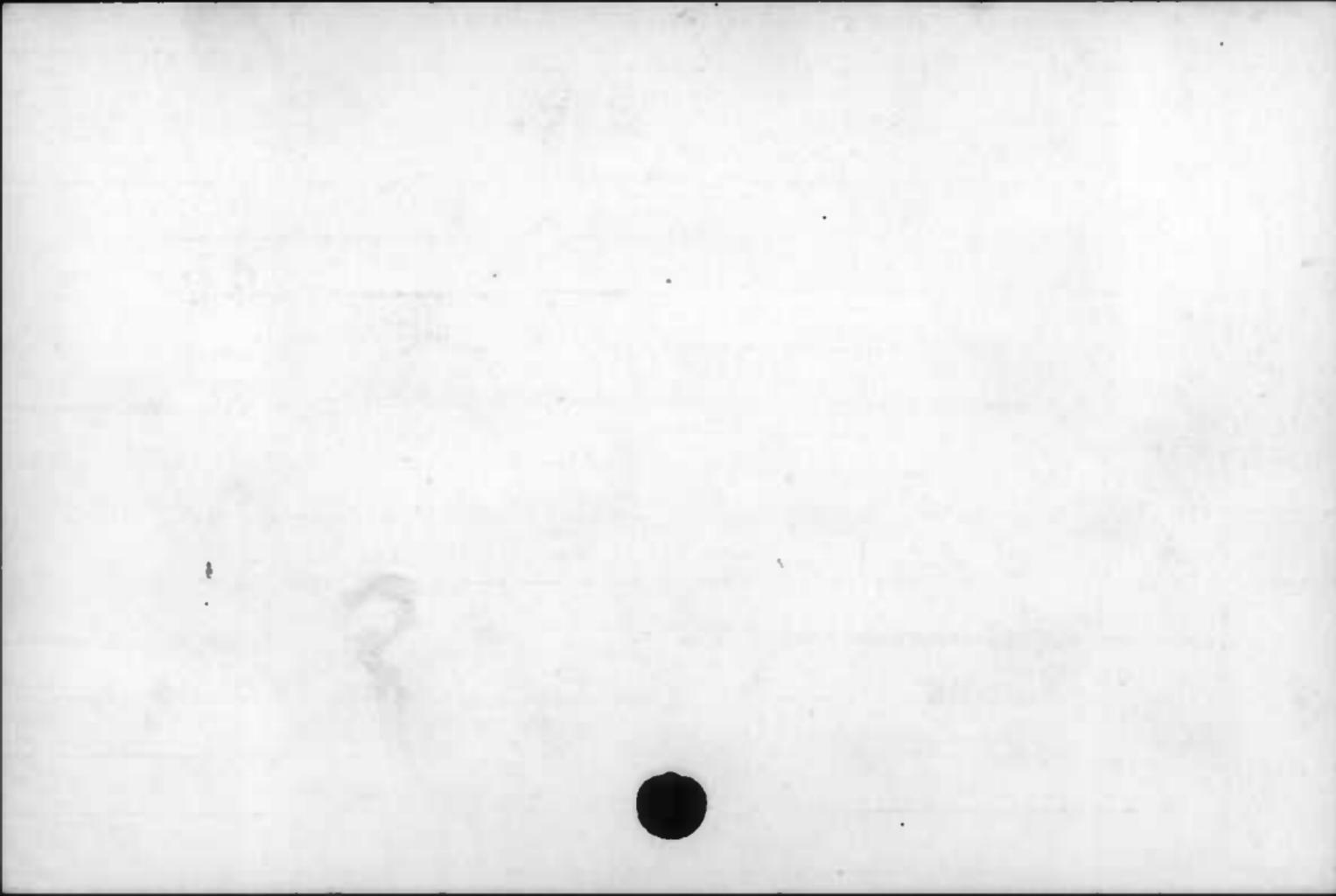
Signature of  
Physician

Address

J. V. Younce  
Bromesville  
Maryland

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

esta Viola Stotelmeyer

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Age	Months	Days
Sex	Color or Race	white	Birth-place	Maryland	
Occupation	Where Residing if not et place of death				
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Charles J Stotelmeyer				
Mother's Maiden Name	Annie Hough				
Name of person giving Information	Charles J Stotelmeyer				

CAUSES OF DEATH

Primary

Measles

105

X

8 months

Immediate

Acute Gastro Enteritis

How long

3 days

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

Jrs

E. J. Smith

Boonsboro  
Md

Accident or Suicide

Brimley & Bast  
Reductress

Name  
in  
Full

Ida Florence Teach

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Priceburg	Town	County	MARYLAND		
Date of death	1909	Month July	Day 29	Years 1	Months 10	Days 30
Sex	Female	Color or Race	White	Birth-place	Priceburg	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	Jacob Wesley Teach			Father's Birthplace	Priceburg	
Mother's Maiden Name	Emma Jane Smith			Mother's Birthplace	Boliver Md	
Name of person giving information	J. W. Teach			How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Cholera Infantum

105 X

Immediate

Prostration

Three days  
Four hours.

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of Physician

Dr Richardson  
Williamsport Md.

Address

Accident or Suicide?

No

July 30<sup>th</sup> 1909.

Rose Hill Cemetery

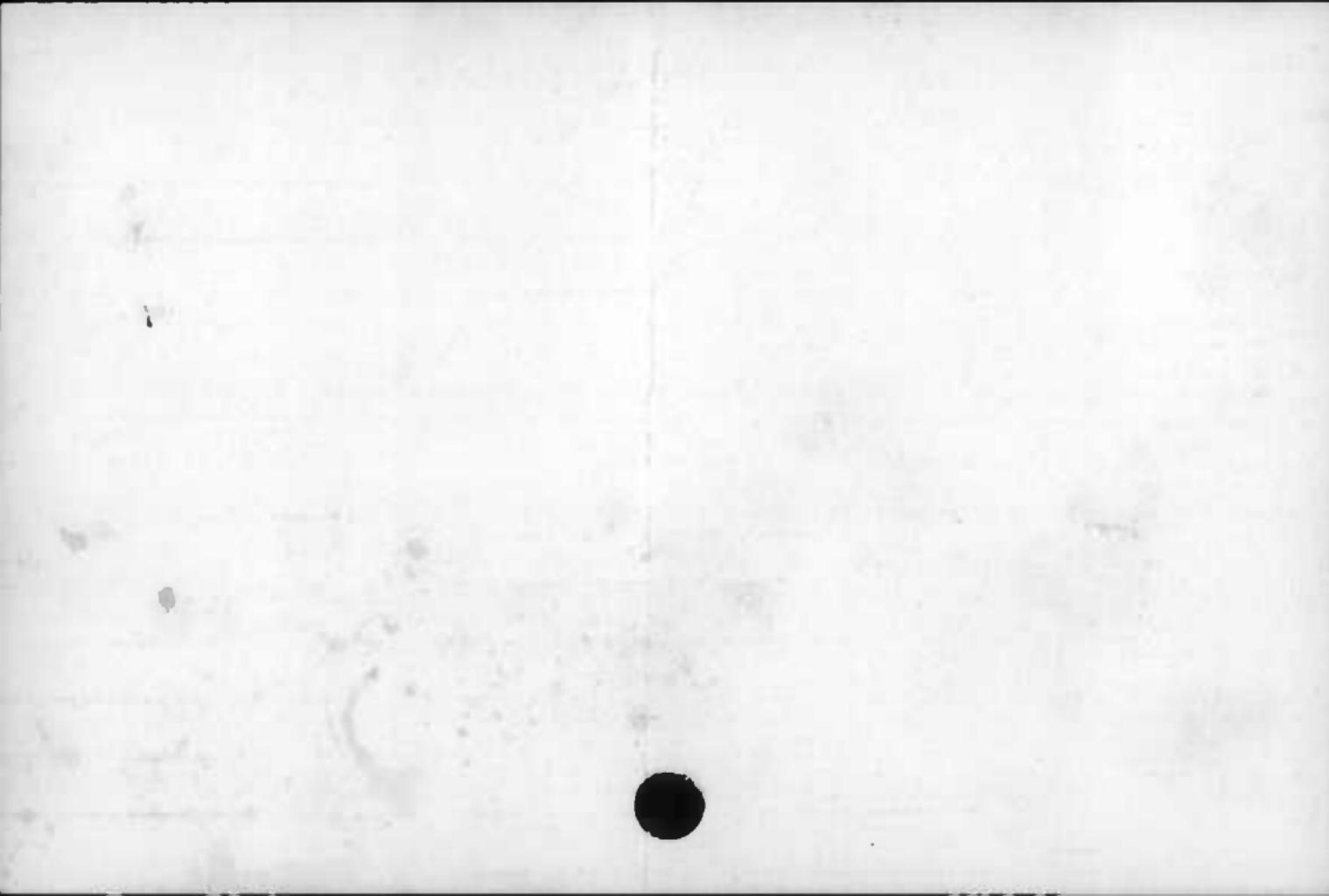
J. F. Kreps.

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

CERTIFICATE OF DEATH						
Died at		Town	County		MARYLAND	
Died at	Brownsville	Washington				
Date of death	1909	Month	Day	Years	Months	Days
Sex	Female	Color or Race	White	Birth-place	Brownsville, Md.	
Occupation				Where Residing if not at place of death		
Married, Single or Widowed				Name of Wife or Husband		
Father's Name	Arthur L. Thompson			Father's Birthplace	Md	
Mother's Maiden Name	Lilly King			Mother's Birthplace		
Name of person giving information	James C. Thompson			How related to deceased	Uncle	
CAUSES OF DEATH						
Primary	Congestion of Lungs			How long	95- 10 days	
Immediate				How long		
Are the name, age, sex, color, date and place correctly given above?			Yes	Signature of Physician Address	J. T. Youstic Brownsville Md.	
Accident or Suicide?						



Name  
in  
Full

Hubert. Towns

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Enclid		Washington				
Date of death	1909	Month	Day	Years	Months	Days
Sax	Male	Color or Race	White			
Occupation	None	Where Residing if not at place of death			Enclid	
Married, Single or Widowed	Single	Name of Wife or Husband		None		
Father's Name	Brenton. Towns				Foxville Fred. M.	
Mother's Maiden Name	Grace Harbaugh				Foxville	
Name of person giving information	Brenton Towns.				Enclid.	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Crushed Skull

Immediate

Crushed Skull

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Dr. W. K. Jacob

Smithsburg

Maryland

Accident or Suicide

(not)

164

X

How long

Instant

X

How long

Instant

Jumped on tongue of threshing machine while running  
and fell off and wheel ran overhead.

Name  
in  
Full

Julian Maxwell Traver

CERTIFICATE OF DEATH.

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Luthersburg</u>		County <u>Washington</u>		MARYLAND			
Date of death <u>1909</u>	Month <u>July</u>	Day <u>24</u>	Years <u>-</u>	Months <u>4</u>	Days <u>-</u>		
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Luthersburg</u>					
Occupation <u>-</u>	Where Residing if not at place of death <u>-</u>		<u>0</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>-</u>						
Father's Name <u>Harry G. Traver</u>	Father's Birthplace <u>Breckonridge</u>						
Mother's Maiden Name <u>Vinnie G. Traver</u>	Mother's Birthplace <u>Broadford</u>						
Name of person giving Information <u>H. G. Traver</u>	How related to deceased <u>Father</u>						

CAUSES OF DEATH

179

Primary

Insomia

One week

Immediate

Exhaustion

3 days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

J. W. Wertz  
Steagertown

PHYSICIAN  
OR CORONER

Accident or Suicide?

July 25<sup>th</sup> 1909.

J. F. Kreps. Undertaker  
Interment River View Cemetery  
Williamsport

Mal

Name  
in  
Full

Louise Baldwin Watts

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Town Hagerstown Md County Washington MARYLAND

Died at Hagerstown Md Month July Year 1909 Day 15 Months 3 Days 9

Age 62 Years 3 Months 9 Days 9

Sex Male Color or Race colored Birth-place Clear Spring Md

Occupation Labourer Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Catherine B. Watts

Father's Name Louis Watts Father's Birthplace Clear Spring Md

Mother's Maiden Name Mathilda Watts Mother's Birthplace Champlin Md

Name of person giving Information Catherine Watts How related to deceased wife

CAUSES OF DEATH

Primary

Nephritis  
or rheumatism

How long

6 mos  
2 yrs

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of  
Physician

Address

D. W. Weeks  
Hagerstown

PHYSICIAN  
OR CORONER

Accident or Suicide

Löffelwass  
elektrolyt  
#

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Harry A Haynes <sup>Infant</sup>

CERTIFICATE OF DEATH

Died at		Town		County		MARYLAND	
Date of death	190	Month	Day	Year	Months	Days	
Male		Color or Race		White		Md	

Sex	Occupation	Where Residing if not et place of death
-----	------------	--

Married, Single or Widowed	Name of Wife or Husband
-------------------------------	----------------------------

Father's Name	Harry A Hayne	Father's Birthplace	Cal
---------------	---------------	---------------------	-----

Mother's Maiden Name	Bessie M. Gaste	Mother's Birthplace	Md
----------------------	-----------------	---------------------	----

Name of person giving Information	Harry A Hayne	How related to deceased	Father
--------------------------------------	---------------	----------------------------	--------

CAUSES OF DEATH

Primary	Stillborn	How long	8
---------	-----------	----------	---

Immediate		How long	Y
-----------	--	----------	---

Are the name, age, sex, color, date  
and place correctly given above?

*yes*

Signature of  
Physician

Address

Dr. J. C. Gage  
Hagerstown Md

Accident or Suicide

L.M. Watkins

Name  
in  
Full

Margareth Windle.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Diad at

Town

Clearspring

County

Washington

MARYLAND

Date  
of death

Month

Day

1909

7

24

Years

Age

60

Montha

Daya

Sax

Female

Color or  
Race

white

Birth-  
pla

Wash Va

Occupation

House wife

Where Residing if not  
at place of death

Clearspring

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

Father's  
Name

John Windle.

Father's  
Birthplace

Va.

Mother's  
Maiden Name

Ruanna Boyd.

Mother's  
Birthplace

Md

Name of person giving  
Information

Mrs Schroeder.

How related  
to deceased

Sister.

CAUSES OF DEATH

Primary

Choleraic Diarrhoea

13

Immediate

Exhaustion

How long

Four days

Are the name, age, sex, color, date  
and place correctly given above?

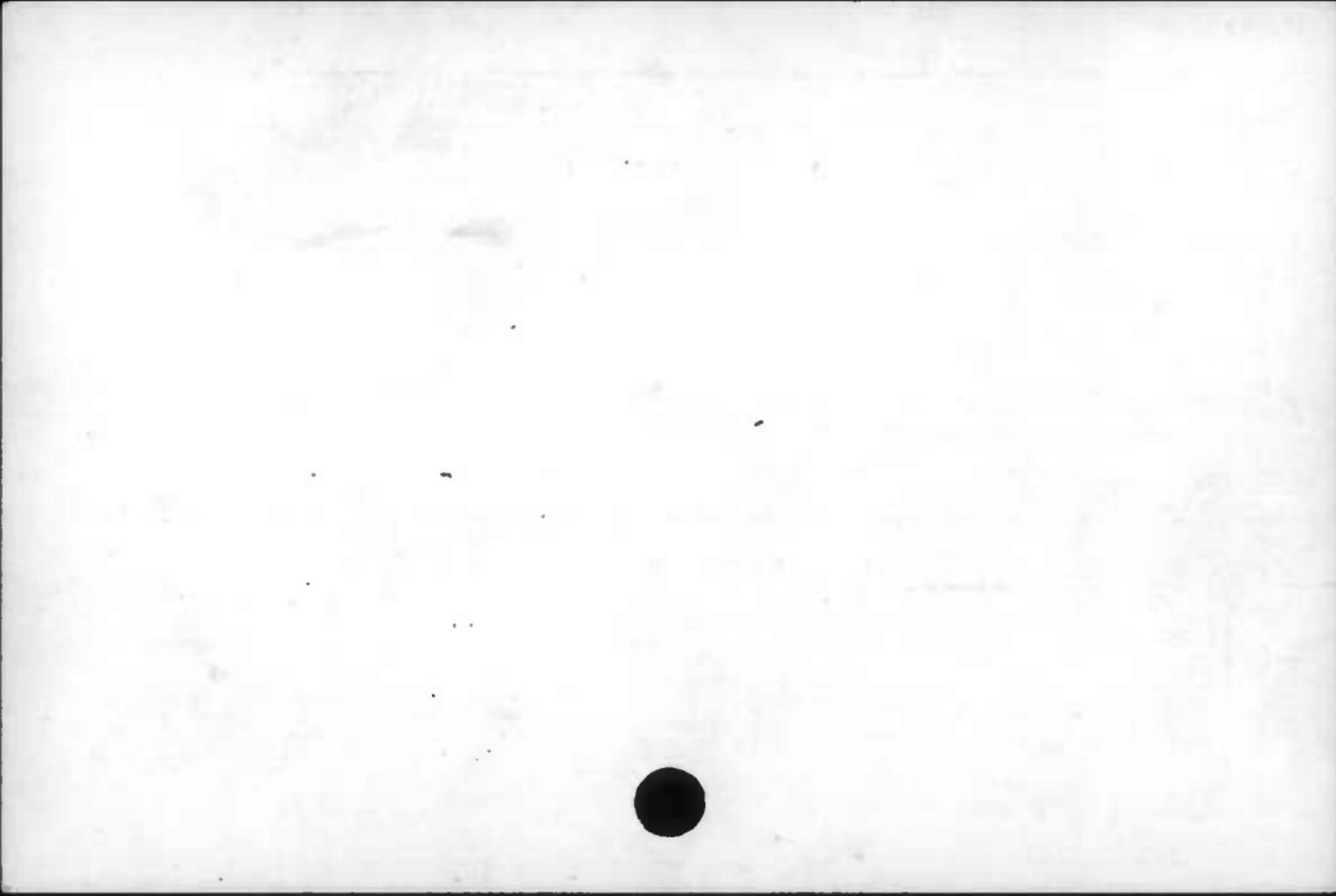
Signature of  
Physician

Address

J.P. Perry  
Clearspring Md

Yes

PHYSICIAN  
OR CORONER



Name  
in  
Full

Un-named Child of Jas. Wine

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Hagerstown Md</u>		County <u>Washington</u>	MARYLAND		
Date of death <u>1909</u>	Month <u>Oct</u>	Day <u>23</u>	Years <u>none</u>	Months <u>none</u>	Days <u>none</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Hagerstown</u>			
Occupation <u>none</u>	Where Residing if not at place of death <u>In Her</u>				
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>None</u>				
Father's Name <u>James Luther Wine</u>	Father's Birthplace <u>Virginia</u>				
Mother's Maiden Name <u>Annie Laurie</u>	Mother's Birthplace <u>Maryland</u>				
Name of person giving information <u>James Luther Wine</u>	How related to deceased <u>Father</u>				
CAUSES OF DEATH					
Primary	<u>Don't Know</u>				
Immediate	<u>Don't Know</u>				
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. H. Charles</i>			
		Address <i>Hagerstown Md.</i>			

PHYSICIAN  
OR CORONER

Accident or Suicide?

J. L. Kinne

Name  
in  
Full

Dylan S Woods

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Male	Age	—	—	—
Occupation	Color or Race	White	Birth-place	Hagerstown	
Married, Single or Widowed	Where Residing if not at place of death				
Father's Name	Name of Wife or Husband				
Mother's Maiden Name	Father's Birthplace				
Name of person giving Information	Mother's Birthplace				
Name of person giving Information					

John E. Woods  
Elizorine M. Grash  
John E. Woods

Carlisle Pa  
Baltimore Md  
Father

How related to deceased  
S (circle) X

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary  
Difficult Labor -

Immediate ✓

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Address

John Driller /  
Hagerstown  
Md

Accident or Suicide

No

Kellardowman

Name  
in  
Full

William Yost, Jr.

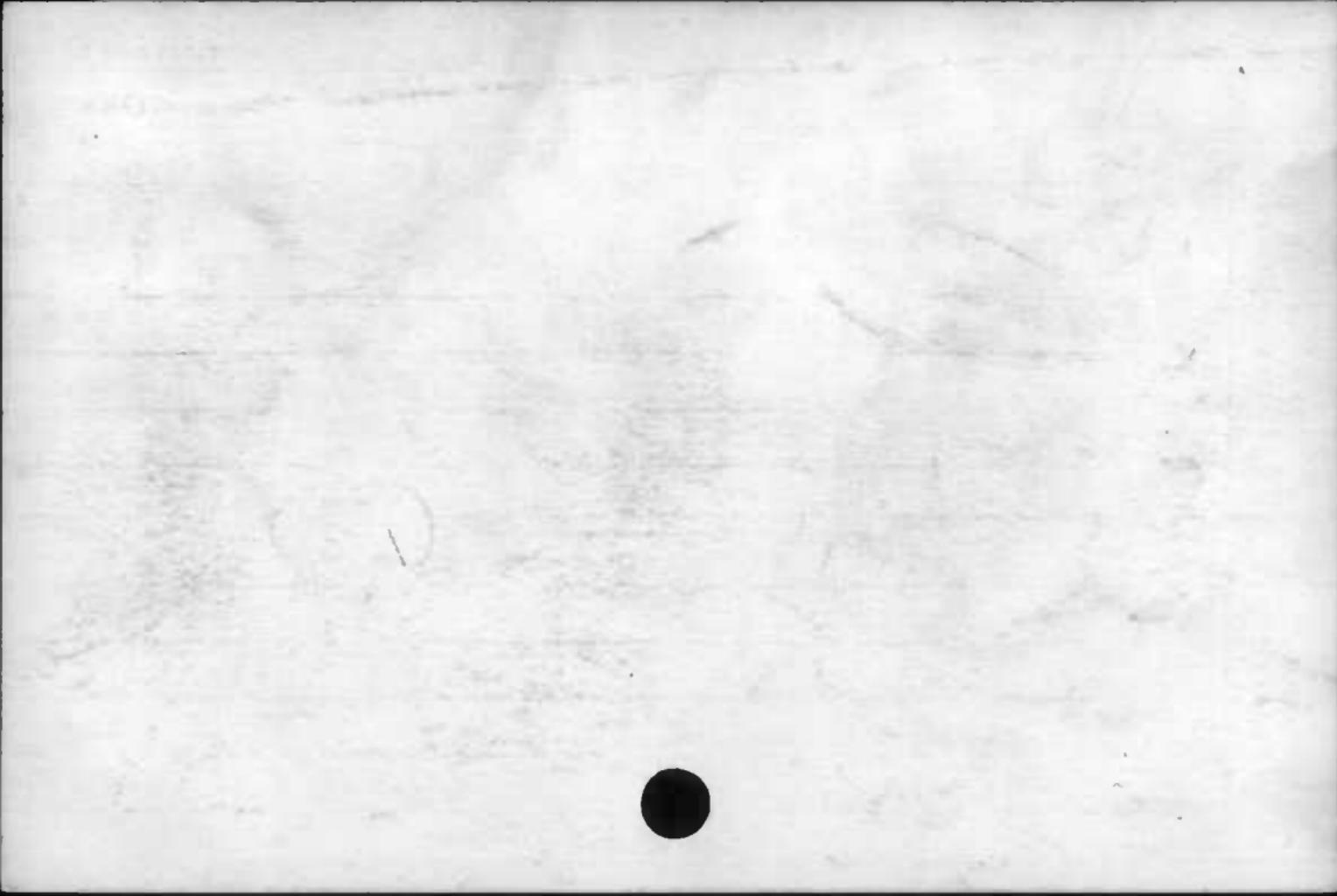
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Town		County		MARYLAND	
Died at Blue Ridge Summit		Washington			
Date of death	Month	Day	Years	Months	Days
1909	July	21	Age	9	
Sex	male	Color or Race	White	Birth-place	Baltimore, Md
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	William Yost				
Mother's Maiden Name	Mary Alice Bales				
Name of person giving Information					
CAUSES OF DEATH					
Primary	Enter. Colitis				
Immediate	St. Kemia				
Are the name, age, sex, color, date and place correctly given above?					
Signature of Physician					
Address					
Hospitl for Crippled Children					
Blue Ridge Summit Md					

Accident or Suicide



Name  
in  
Full

No Name, infant Young

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Clearspring

Town

County

MARYLAND

Date  
of death 1909

Month

Day

Years

Month

Day

Age

Sax Female.

Color or  
Race

White

Birth-  
place

Clearspring.

Occupation

Where Residing if not  
at place of death

Clearspring.

Married Single  
~~Widowed~~

Name of Wife or  
Husband

Father's  
Name

Geo. B. Young.

Father's  
Birthplace

Boonesboro.

Mother's  
Maiden Name

Anelia, E. Young

Mother's  
Birthplace

Clearspring.

Name of person giving  
Information

How related  
to deceased

151

CAUSES OF DEATH

Primary

Premature birth

How long

One month

Immediate

Exhaustion

How long

Twenty four hours

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

Abraham, Shank

Clearspring,  
Washington County

PHYSICIAN  
OR CORONER

*Q*  
Name of Subd.

